

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

SUSAN NEESE, M.D., *et al.*,

Plaintiffs,

v.

XAVIER BECERRA, *et al.*,

Defendants.

Civil Action No. 2:21-cv-163-Z

**DEFENDANTS' APPENDIX FOR
BRIEF IN SUPPORT OF DEFENDANTS' MOTION FOR SUMMARY JUDGMENT
AND IN OPPOSITION TO PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT
AND OPPOSITION TO PLAINTIFFS' MOTION FOR CLASS CERTIFICATION**

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UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

**Susan Neese, M.D; James Hurly,
M.D.; and Jeffrey Barke, M.D., on
behalf of themselves and others similarly
situated,**

Plaintiffs,

v.

**Xavier Becerra, in his official capacity as
Secretary of Health and Human
Services; United States of America,**

Defendants.

Case No. 2:21-cv-00163-Z

**PLAINTIFF SUSAN NEESE'S ANSWERS TO FIRST SET OF
INTERROGATORIES**

INTERROGATORY NO. 1 (To all Plaintiffs): Describe your medical practice, including areas of specialization, services that you perform, the age range of patients treated, and any medical licenses or certifications.

ANSWER: I practice general internal medicine for adults. My patients range in age from 16 to 105. I treat them for everything from annual check-ups to chronic disease management. I am board certified by American Board of Internal Medicine to practice internal medicine. I have a medical license to practice in Texas. My medical degree is from Texas Tech Health Sciences Center (1999).

INTERROGATORY NO. 2 (To all Plaintiffs): Describe any instances in which you have treated a transgender patient or a patient suffering from gender dysphoria, including the patient's age, the services you provided to the patient, whether you refused to provide any services that the patient requested, and if so, why you refused to provide those services.

ANSWER: I have several patients that I treat who fall under this category. I have several female-to-male transgender patients, as well as male-to-female transgender patients, for whom I manage their hormones and all their other medical conditions. These patients are all in their 30s or 40s. I do not refuse to provide them services. When medically appropriate, I have made referrals. In one instance, I declined to take on a new patient who was 16 years old, whom I had never seen before, and whose mother, who was a longstanding patient of mine, came to me and asked if I would assist her teenage daughter in obtaining transition hormones. I did not take on this patient as I was not comfortable taking a teenager transition due to the complexity of the medical and emotional issues that case would present, and that is not my area of specialty. In addition, I do not believe that the brains of minors are fully mature or that they fully understand the ramifications of their actions. Most of the other transgender patients who have come to me have already transitioned and I maintain their care.

INTERROGATORY NO. 3 (To all Plaintiffs): Describe any instances in which you have treated a gay, lesbian, or bisexual patient, including the patient's age, the services you provided to the patient, whether you refused to provide any services that the patient requested, and if so, why you refused to provide those services.

ANSWER: I treat gay and lesbian patients frequently, if not daily. I cannot recall ever refusing care to any of them.

INTERROGATORY NO. 4 (To Dr. Neese): Set forth all facts supporting the allegation in Paragraph 22 of the First Amended Complaint that Dr. Neese "will on occasion decline to prescribe hormone therapy or provide referrals for sex-change operations," including describing any specific instances in which this occurred.

ANSWER: See the answer to Interrogatory No. 2, *supra*.

INTERROGATORY NO. 5 (To all Plaintiffs): Have you ever been asked "to prescribe hormone therapy to minors who are seeking to transition" or "to provide

referrals to minors seeking a sex-change operation,” including as described in Paragraphs 23 and 31 of the First Amended Complaint? If so, describe any such instances, including whether you provided the requested services, and if not, why you refused to do so.

ANSWER: Yes. As explained in my answer to Interrogatory No. 2, *supra*, a teenager requested my care in transitioning from female to male. She was the daughter of a longstanding patient of mine. I declined to provide this care because I did not believe that I could appropriately manage the transition of a teenager. These are complex medical issues which I do not specialize in. In addition, I do not believe that the brains of minors are fully mature or that they fully understand the ramifications of their actions.

INTERROGATORY NO. 6 (To all Plaintiffs): Have you ever been asked “to provide ‘gender affirming’ care to transgender patients in situations where a patient’s denial of biological realities will endanger their life or safety,” including as described in Paragraphs 24, 28, and 32 of the First Amended Complaint? If so, describe any such instances including whether you provided the requested services, and if not, why you refused to do so.

ANSWER: Yes. One of my adult patients in his late 30s is a biological female who identifies as male but has never had sex-reassignment surgery. This patient has frequently refused necessary preventive care that I have strongly recommended. For example, this patient refused to allow me to conduct a pap smear for 10 years, and refuses to allow me to conduct breast examinations. The patient also refuses to believe that he has a uterus or ovaries, and refuses to accept referrals to specialists for care that implicates his status as a biological woman.

Recently, this patient started having pelvic pain and bladder issues but refused to allow me to conduct a pelvic examination. He finally allowed me to conduct a pelvic examination for the first time last month. I have recommended that he undergo a

pelvic ultrasound, but he refuses to undergo this procedure because it would be conducted transvaginally, and he does not want medical personnel to discover that he has a vagina. I have tried gently and firmly to explain that he should undergo this pelvic ultrasound because he could have something ominous such as cervical or ovarian cancer that we need to check for and that I don't want to miss. This patient insists that his risk of cervical or ovarian cancer is extremely low and it would be unlikely and is quite adamant about it.

I have three options for responding to this situation, all of which are unpalatable. One option is to terminate my doctor-patient relationship with this individual and insist that he seek care from a different primary-care physician. If I do that, however, Secretary Becerra could determine that I violated section 1557 and terminate federal funding for my medical practice, or I could get sued for violating section 1557. Another option is to insist that this patient seek and obtain preventive care consistent with his status as a biological woman, despite the patient's denials of these biological realities. This also exposes me to loss of federal funding and lawsuits under Secretary Becerra's interpretation of section 1557. A final option is to play along with my patient's asserted gender identity and indulge his beliefs that he cannot be at risk for cervical cancer or ovarian cancer. This exposes me to a medical-malpractice lawsuit if the patient turns out to have cancer (or some other condition related to his pelvic pain and bladder issues) that goes untreated. It is also incompatible with my ethical duties as a medical provider.

My male-to-female transgender patients are all in their mid 30s to 40s, so I have not yet had to deal with issues regarding prostate-cancer screening. But I expect issues to arise in the future where a male-to-female transgender patient resists the need for prostate-cancer screening, just as my female-to-male transgender patient is resisting the need for a pelvic ultrasound. In these situations, I will confront the same trilemma

discussed above, where my responsibilities as a medical provider conflict with Secretary Becerra's demands for gender-affirming medical care.

INTERROGATORY NO. 7 (To Dr. Neese and Dr. Barke): Set forth all facts supporting the allegation in Paragraphs 25 and 33 of the First Amended Complaint that Dr. Neese and Dr. Barke are “likely to encounter minor transgender patients who will request hormone therapy and referrals for sex-change operations that [he or she] [are] unwilling to provide, as well as adult transgender patients who will deny or dispute their need for preventive care that corresponds to their biological sex.”

ANSWER: I am a general practitioner and primary-care physician, and I serve patients of all ages and gender identities. I am currently treating several transgender patients, as explained in my answer to Interrogatory No. 2, *supra*. I am certain to continue treating these patients. And because I work as a general practitioner and primary-care physician, I will likely have additional future patients who are suffering from gender dysphoria, as well as patients who request care that I am unable or unwilling to provide. I have already had one 16-year-old ask me to provide hormone therapy for the purpose of a gender transition, which I declined. I expect these types of requests to not only continue but increase, as recent empirical evidence indicates a sharp rise in the number of young people who identify as transgender. *See Azeen Ghorayshi, Report Reveals Sharp Rise in Transgender Young People in the U.S.*, New York Times (June 10, 2022), <https://nyti.ms/3HdQ6oI> (reporting that “[t]he number of young people who identify as transgender has nearly doubled in recent years”) (attached as Exhibit A); Jody L. Herman, Andrew R. Flores, and Kathryn K. O’Neill, *How Many Adults And Youth Identify As Transgender In The United States?*, The Williams Institute, UCLA School of Law (June 2022) (attached as Exhibit B).

I must discuss preventive care with all of my patients, and preventive care is specific to an individual’s biological sex. I already have a female-to-male transgender patient

who denies his need for preventive care that accords with his biological sex, as explained in my answer to Interrogatory No. 6, and in doing so is putting his health and potentially his life at risk. I will also be confronting issues regarding prostate-cancer screening as my male-to-female transgender patients approach the age where prostate-cancer screening is recommended. Biological men should receive prostate cancer screening by the time they reach a certain age regardless of whether they identify as a woman, as the prostate typically is not removed during a sex-change operation. I am ethically obligated to recommend prostate-cancer screenings to my biologically male patients, without regard to the gender identity that they assert.

INTERROGATORY NO. 10 (To all Plaintiffs): Have you ever engaged in conduct that you believe would constitute “discrimination on the basis of gender identity” as that phrase is used in the Notification? If so, describe all instances of engaging in such conduct.

ANSWER: I have never engaged in conduct that *I* regard as “discrimination on the basis of gender identity,” because I do not believe that a refusal to provide hormone therapy to a minor patient who asks for it constitutes “discrimination on the basis of gender identity” or “discrimination on the basis of sex.” In my view, a categorical refusal to provide hormone therapy to minors seeking to transition is not “discrimination on the basis of gender identity,” because I would refuse the treatment regardless of the “gender identity” that the minor patient asserts. I would likewise refuse the treatment regardless of the minor patient’s “sex.” I am confident, however, that Secretary Becerra does not share this view, and that he will regard any refusal or unwillingness to provide hormone therapy to minors with gender dysphoria as a violation of section 1557, as well as an act that discriminates “on the basis of gender identity.”

I also do not believe that insisting that patients obtain preventive care consistent with their biological sex constitutes “discrimination on the basis of gender identity,”

but I believe that Secretary Becerra would regard that as discriminatory because it fails to fully affirm the gender identity that the patient is asserting.

Each of these episodes is described in detail in my answers to Interrogatories Nos. 2, 6, and 7, *supra*.

INTERROGATORY NO. 11 (To all Plaintiffs): Have you ever engaged in conduct that you believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification? If so, describe all instances of engaging in such conduct.

ANSWER: I have never engaged in conduct that I regard as “discrimination on the basis of sexual orientation,” or that I believe Secretary Becerra would regard as “discrimination on the basis of sexual orientation.”

INTERROGATORY NO. 12 (To all Plaintiffs): Are there any services that you would refuse to provide to a transgender patient or other conduct you believe you are likely to engage in with respect to a transgender patient that you believe would constitute “discrimination on the basis of gender identity” as that phrase is used in the Notification? If so, describe such services or conduct.

ANSWER: I would refuse to prescribe puberty blockers or hormone therapy to minors seeking to transition, as I have explained in my answers to Interrogatories No. 2, 7, and 10. But I do not regard that as “discrimination on the basis of gender identity,” even though I believe that Secretary Becerra does. I would also be reluctant to prescribe hormone therapy or assist a patient in a gender transition absent a longstanding relationship with that patient, because sometimes the appropriate response to gender dysphoria is a referral for counseling and psychological care rather than hormone therapy, and there is risk of suicide if the wrong option is pursued. It is difficult for a primary-care physician to discern whether hormone therapy is appropriate absent a longstanding doctor–patient relationship, and I would want a longstanding relation-

ship to ensure that I recommend an appropriate response to gender dysphoria, consistent with my duty to do no harm. Apart from those situations, I cannot think of any other services that I would refuse to provide to a transgender patient.

I would also recommend preventive care to my patients consistent with their biological sex, *i.e.*, I would strongly recommend that my male-to-female transgender patients get screened for prostate cancer when they reach the appropriate age, even if they identify as a woman. Again, I do not regard that as “discrimination on the basis of gender identity,” but I believe that Secretary Becerra would regard that as discriminatory because it fails to affirm and fully embrace the gender identity that the patient is asserting.

INTERROGATORY NO. 13 (To all Plaintiffs): Are there any services that you would refuse to provide to a gay, lesbian, or bisexual patient or other conduct you believe you are likely to engage in with respect to a gay, lesbian, or bisexual patient that you believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification? If so, describe such services or conduct.

ANSWER: There are no services that I would refuse to provide to a gay, lesbian, or bisexual patient, nor is there any other conduct that I would engage in with respect to a gay, lesbian, or bisexual patient, that I believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification.

INTERROGATORY NO. 14 (To all Plaintiffs): Have you refused to perform any of the services described in paragraphs 17–19 of the First Amended Complaint (*i.e.*, “refus[ing] to prescribe testosterone hormones to a biological woman who wishes to appear as a man,” “refus[ing] to refer a biological man for a sex-change operation that would remove his penis and testicles,” “refus[ing] to prescribe Truvada or PrEP drugs to homosexual men”)? If so, describe such refusals, including why you refused to provide those services.

ANSWER: See my answers to Interrogatories Nos 2, 6, 7, 10, and 12, *supra*. Apart from the situations described in those answers, I do not recall other situations in which I refused to provide the services described in paragraphs 17–19 of the first amended complaint.

INTERROGATORY NO. 15 (To all Plaintiffs) Would you refuse to perform any of the services described in paragraphs 17–19 of the First Amended Complaint if a patient asked you to do so? If so, describe what services you would refuse to provide, and why.

ANSWER: See my answers to Interrogatories Nos 2, 6, 7, 10, and 12, *supra*. Apart from the situations described in those answers, I cannot think of other situations in which I would refuse to provide the services described in paragraphs 17–19 of the first amended complaint.

INTERROGATORY NO. 16 (To all Plaintiffs): Are there any circumstances in which complying with the legal interpretation set forth in the Notification would substantially burden your exercise of religion? If so, describe such circumstances and why your religious exercise would be substantially burdened.

ANSWER: No. My concerns are entirely medical and professional in nature, not religious.

INTERROGATORY NO. 17 (To all Plaintiffs): Do you contend that the Notification has “induce[d]” you “to provide gender-affirming care even when doing so would violate the Hippocratic Oath or [your] ethical beliefs,” including as alleged in Paragraph 34 of the First Amended Complaint? If so, describe any specific instances of this occurring, including the specific services that you provided that you believe violated the Hippocratic Oath or your ethical beliefs.

ANSWER: No, it hasn’t yet. But I have a reasonable fear that Secretary Becerra will terminate federal funding for my practice and disqualify us from participating in federally funded health programs if I do not provide everything a transgender patient

might demand, or if I recommend preventive care that accords with the biological sex (rather than the gender identity) of my transgender patients. All of this is explained in detail in my answers to Interrogatories Nos 2, 6, 7, 10, and 12, *supra*.

INTERROGATORY NO. 18 (To all Plaintiffs): Set forth all facts supporting your allegation in Paragraph 41 of the First Amended Complaint that Plaintiffs' claims "are typical of other members of the class, as each of them wishes to preserve the autonomy of their medical practice."

ANSWER: I am suing on behalf of all healthcare providers subject to section 1557 of the Affordable Care Act. My claims are typical because each of the class members, as medical professionals, wishes to provide appropriate and ethical health care to their patients without being countermanded or threatened by federal officials. And the demands of the transgender community to provide so-called gender-affirming care without exception, and Secretary Becerra's efforts to use section 1557 as a tool to impose those demands on every health-care provider that receives federal funds, will on occasion conflict with a health-care provider's duty to act in the best interest of his or her patients. I am suing to protect each of the class members from these competing demands, and in that sense my claims are typical of the other class members.

INTERROGATORY NO. 19 (To all Plaintiffs): Set forth all facts supporting your allegation in Paragraph 42 of the First Amended Complaint that Plaintiffs "adequately represent the interests of the class, and they have no interests antagonistic to" the class.

ANSWER: The relief that we are seeking will not compel any class member to conduct his or her medical practice in any particular manner. It can only increase the autonomy of class members and provide needed clarity on what section 1557 means post-*Bostock* and how it will be enforced under Secretary Becerra's notification and directives. None of the relief that we are seeking will make any member of the class

worse off, and the declaratory relief that we requesting can only help class members by clarifying their obligations under federal law.

Respectfully submitted.

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Dated: June 14, 2022

*Counsel for Plaintiffs and
the Proposed Classes*

VERIFICATION

I declare under penalty of perjury that the answers to these interrogatories are true and correct.

DocuSigned by:

D421D1526771415...
SUSAN NEESE

CERTIFICATE OF SERVICE

I certify that on June 14, 2022, I served this document through e-mail upon:

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Exhibit A

Report Reveals Sharp Rise in Transgender Young People in the U.S.

New estimates based on C.D.C. health surveys point to a stark generational shift in the growth of the transgender population of the United States.

By Azeen Ghorayshi

June 10, 2022

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The number of young people who identify as transgender has nearly doubled in recent years, according to a new report that captures a stark generational shift and emerging societal embrace of a diversity of gender identities.

The analysis, relying on government health surveys conducted from 2017 to 2020, estimated that 1.4 percent of 13- to 17-year-olds and 1.3 percent of 18- to 24-year-olds were transgender, compared with about 0.5 percent of all adults.

Those figures illustrated a significant rise since the researchers' previous report in 2017, though the analyses used different methods.

Experts said that young people increasingly have the language and social acceptance to explore their gender identities, whereas older adults may feel more constrained. But the numbers, which vary widely from state to state, also raise questions about the role of peer influence or the political climate of the community.

“It’s developmentally appropriate for teenagers to explore all facets of their identity — that is what teenagers do,” said Dr. Angela Goepferd, medical director of the Gender Health Program at Children’s Minnesota hospital, who was not involved in the new analysis. “And,

generationally, gender has become a part of someone's identity that is more socially acceptable to explore."

The notion of what it means to live as a transgender person is also shifting. Dr. Goepferd, who is nonbinary, noted that many teenagers would not necessarily want or need hormones or surgeries to transition to another gender, as was typical of older generations.

The surveys, created by the Centers for Disease Control and Prevention, did not ask younger teenagers about nonbinary or other gender identities, which also have been rising in recent years. But nearly one-quarter of the adults in the surveys who said they were transgender identified as "gender nonconforming."

"We as a culture just need to lean into the fact that there is gender diversity among us," Dr. Goepferd said. "And that it doesn't mean that we need to treat it medically in all cases, but it does mean that we as a society need to make space for that."

Although the total estimated number of transgender people was small — around 1.6 million people 13 and up, or about 0.6 percent of the population — trans identification in recent years has become political dynamite, driven in part by the rise in minors seeking medical treatments. Republican legislators across the country have sought to prohibit such care by criminalizing doctors or investigating parents for abuse, which professional medical groups have condemned.

Transgender Estimates by Age

Teenagers and adults under 25 make up an estimated 43 percent of the transgender population.

Ages of teens and adults who are transgender

18.3%	24.4%	46.8%	10.5%
Age 13–17	18–24	25–64	65+

Ages of all teens and adults in the United States

7.6%	11%	61.8%	19.6%
13–17	18–24	25–64	65+

By The New York Times | Source: Williams Institute

The new data were analyzed by researchers at the Williams Institute, a research center at the University of California, Los Angeles law school that produces highly regarded reports on the demographics, behaviors and policy concerns of L.G.B.T.Q. populations in the United States.

The study found people 13 to 25 accounted for a disproportionately largely share of the transgender population. While younger teenagers were just 7.6 percent of the total U.S. population, they made up roughly 18 percent of transgender people. Likewise, 18- to 24-year-olds made up 11 percent of the total population but 24 percent of the transgender population.

Older adults had a disproportionately small share: Though 62 percent of the total population, only 47 percent of transgender people were 25 to 64. And while 20 percent of Americans are over 65, that age group makes up only 10 percent of the total number of transgender people nationwide.

The Williams Institute used data from two national sources: the C.D.C.'s Behavioral Risk Factor Surveillance System, administered to adults across the country, and its Youth Risk Behavior Survey, given in high schools. The surveys, which were either conducted over the phone or in person, collect data on demographics as well as a variety of medical and behavioral information, such as smoking habits, H.I.V. status, nutrition and exercise.

Starting in 2017, the high school survey included an optional question asking if the student was transgender. From 2017 to 2020, 15 states included this question in their high school surveys, while 41 states included the question for adults at least once in that time period.

The Williams Institute used this data, along with statistical modeling of demographic and geographic variables, to arrive at its estimates of the transgender population nationwide.

“It’s important to know that trans people live everywhere in the United States and trans people are a part of communities across the country,” said Jody Herman, senior scholar of public policy at the Williams Institute and the lead author of the report. “We use the best available data, but we need more and better data all the time.”

The U.S. Census Bureau began asking questions about sexual orientation and gender identity only last year, part of a new data collection effort. And even national suicide statistics — important in the study of this vulnerable population — do not have information about sexuality or gender identity.

“There is no one who knows how many trans people or how many gay people or bisexual people died of suicide this past year,” said Amit Paley, head of The Trevor Project, a suicide prevention group that recently released its own report based on social media polling, showing that young L.G.B.T.Q. people had high rates of mental health issues and suicidal thoughts.

"That data does not exist because it is not collected by the government in death records," Mr. Paley said. "It's something we are working to try to change."

When their previous report was published in 2017, the Williams Institute researchers did not have actual survey data for younger teenagers, instead using statistical modeling to extrapolate based on adult data. At the time, they estimated 150,000 transgender teens in the country, or roughly 0.7 percent of teens.

With the inclusion of the new high school survey data added in 2017, that estimate has now doubled to 300,000.

It is not clear whether that jump reflects inaccuracies in the previous estimate, a true increase in the number of transgender adolescents, or both.

"That's the bewildering question of why this is all happening," Dr. Herman said.

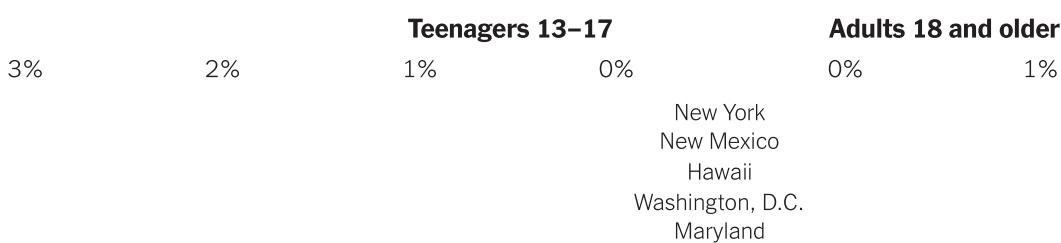
The racial makeup of transgender adults and transgender teens was roughly the same. About half of both groups were white, slightly less than the relative number of white people in the general population, and a disproportionately large number of each group identified as Latino.

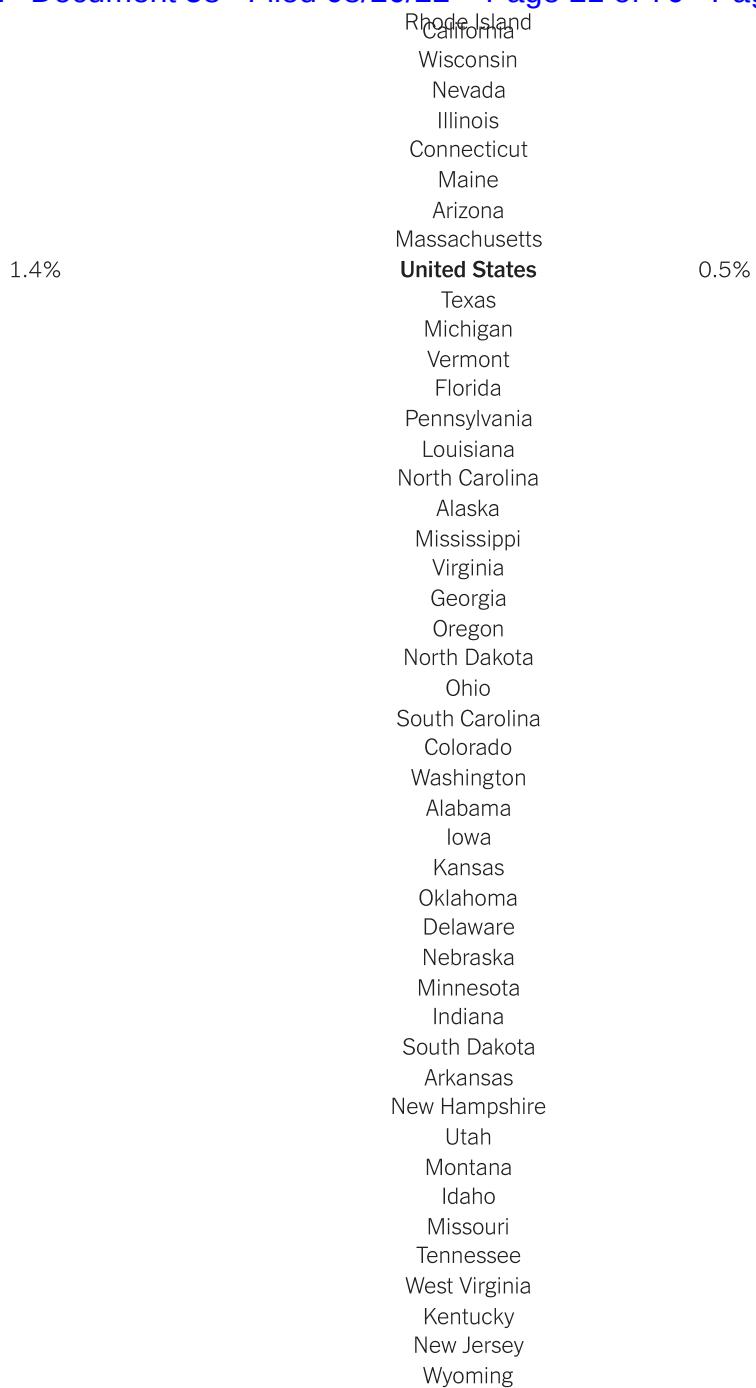
The data also show the distribution of trans people by state. New York has the largest estimated population of transgender teenagers, at 3 percent, whereas Wyoming has the lowest, at 0.6 percent. Transgender adults showed a narrower range, with 0.9 percent of adults identifying as transgender in North Carolina and 0.2 percent in Missouri.

The adolescent numbers were based on surveys collected in 15 states: Colorado, Delaware, Florida, Hawaii, Maryland, Maine, Michigan, New Jersey, Nevada, New York, Pennsylvania, Rhode Island, Virginia, Vermont and Wisconsin. The researchers then used that survey data to create a model of how state and individual characteristics affect the probability of being transgender. Using that model, along with demographic data from the census, they made estimates for the other 35 states and Washington, D.C.

Transgender Estimates by State

An estimated 1.6 million teenagers and adults in the United States are transgender.





By The New York Times | Source: Williams Institute. Estimates based on government surveys of high school students (15 states) and adults (41 states).

Experts who work with transgender teenagers agreed that certain social factors would unquestionably play a role in their identities, just as they did decades ago when gay and lesbian people were coming out in large numbers for the first time.

“It signifies a new confidence among a new generation to be authentic in their gender identity,” said Phillip Hammack, a professor of psychology and director of the Sexual and Gender Diversity Lab at the University of California, Santa Cruz. “I think we did see

something very similar — we just maybe didn't have the exact numbers to back it up — as we saw more visibility around labeling oneself as gay, lesbian, bisexual back in the nineties.”

Recent Gallup polling data also analyzed by the Williams Institute shows that young adults also make up a disproportionately large part of the total L.G.B.T.Q. population in the United States, which similarly varies state to state.

Social media has been a significant catalyst for teenagers questioning their gender identities today.

“I think a big part of it is definitely the internet,” said Indigo Giles, a 20-year-old college student in Austin who has protested against the state of Texas’ abuse investigations of parents of transgender children.

Mx. Giles said they realized they were nonbinary after finding a community of like-minded people on Tumblr. “People who have maybe been having these feelings for a long time, but haven’t had the words to put to them, finally can see, in such a readily accessible way, others that feel the same,” they said.

And conversely, it may be much more difficult for older people to explore their gender identities later in life.

Dr. Hammack described a person he interviewed who talked about how difficult it was to come out as nonbinary in their fifties because “we look around, and everybody’s so young.” And others who identified as masculine or butch lesbians, he said, have told him, “If I was that young, maybe I would have gone down that path, but it wasn’t available.”

Dr. Goepferd, of Children’s Hospital Minnesota, pointed to another possible reason for the smaller proportion of older transgender people: Because of lower access to health care, along with high rates of H.I.V., violence and suicide, transgender people are more likely to die at younger ages.

“The harsh reality is we don’t have trans elders because they didn’t survive,” they said.

Exhibit B

RESEARCH THAT MATTERS

HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES?

June 2022

Jody L. Herman
Andrew R. Flores
Kathryn K. O'Neill

EXECUTIVE SUMMARY

Recent data from the CDC's Behavior Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS) provide an opportunity to update prior population estimates of the number of adults and youth who identify as transgender in the U.S. In 2016 and 2017, the Williams Institute used data from the 2014-15 BRFSS to estimate the number of adults (ages 18 and older) and youth (ages 13 to 17) who identify as transgender. Since then, a total of 43 states have used the BRFSS optional gender identity module for at least one year, providing more years of data from more states since these initial estimates. Additionally, in 2017, the YRBS, a national survey of high school students, began asking respondents if they are transgender. Since 2017, fifteen states have included this question in their YRBS statewide questionnaire. In this study, we use data from the 2017 and 2019 YRBS and the 2017-2020 BRFSS to find that:

- Over 1.6 million adults (ages 18 and older) and youth (ages 13 to 17) identify as transgender in the United States, or 0.6% of those ages 13 and older.
- Among U.S. adults, 0.5% (about 1.3 million adults) identify as transgender. Among youth ages 13 to 17 in the U.S., 1.4% (about 300,000 youth) identify as transgender.
- Of the 1.3 million adults who identify as transgender, 38.5% (515,200) are transgender women, 35.9% (480,000) are transgender men, and 25.6% (341,800) reported they are gender nonconforming.
- Research shows transgender individuals are younger on average than the U.S. population. We find that youth ages 13 to 17 are significantly more likely to identify as transgender (1.4%) than adults ages 65 or older (0.3%).
- The racial/ethnic distribution of youth and adults who identify as transgender appears generally similar to the U.S. population, though our estimates mirror prior research that found transgender youth and adults are more likely to report being Latinx and less likely to report being White compared to the U.S. population.
- Our estimates of the percent of residents in U.S. regions who identify as transgender range from 1.8% in the Northeast to 1.2% in the Midwest for youth ages 13 to 17, and range from 0.6% in the Northeast to 0.4% in the Midwest for adults.
- At the state level, our estimates range from 3.0% of youth ages 13 to 17 identifying as transgender in New York to 0.6% in Wyoming. Our estimates for the percentage of adults who identify as transgender range from 0.9% in North Carolina to 0.2% in Missouri.

Overall, based on our estimates from 2016-2017 and the current report, we find that the percentage and number of adults who identify as transgender has remained steady over time. The availability of the YRBS data has given us a more direct look into youth gender identity and provides better data than was previously available to us for estimating the size and characteristics of the youth population. Youth ages 13 to 17 comprise a larger share of the transgender-identified population than we previously estimated, currently comprising about 18% of the transgender-identified population in the U.S., up from 10% previously.

INTRODUCTION

A growing number of population-based surveys in the United States, and internationally, ask questions to identify transgender people, including surveys conducted by the U.S. federal government.¹ In 2014, the Centers for Disease Control and Prevention (CDC) began offering an optional module on the Behavior Risk Factor Surveillance System (BRFSS) for states to use to ask respondents if they consider themselves to be transgender.² In 2016, the National Crime Victimization Survey (NCVS) included a two-step approach to identify those whose gender identity differs from their sex assigned at birth.³ In 2017, the CDC's Youth Risk Behavior Survey (YRBS), a national survey of high school students, began asking respondents if they are transgender.⁴ In July 2021, the U.S. Census Bureau's Household Pulse Survey adopted the two-step approach.⁵ Internationally, Canada added the two-step approach to their national census in 2021, while Belgium and New Zealand have also included measures to identify transgender people in population-based surveys.⁶

With new and emerging data sources, like the NCVS and Household Pulse Survey, researchers will have new opportunities to expand our knowledge about the characteristics and experiences of the transgender population. In the U.S., we have found from the NCVS that transgender people are more likely to experience violent victimization compared to cisgender people.⁷ Household Pulse data allowed us to assess disparities in food insecurity among transgender people during the COVID-19 pandemic.⁸ Yet, limitations exist among these data sources that affect the ability to create estimates of the size and demographic characteristics of the transgender population in the U.S. In 2019, NCVS began asking questions to identify transgender people only among victims of violence, which

¹Population-based surveys allow findings to be generalized to the population from which the sample is drawn.

²Centers for Disease Control and Prevention (CDC). BRFSS Questionnaires. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/questionnaires/index.htm>

³National Crime Victimization Survey. (2016). NCVS-1 Basic Screen Questionnaire. (pp. 7-8). Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/ncvs16_bsq.pdf.

⁴Johns, M.M., Lowry, R., Andrzejewski, J., et al. (2019). Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep*, 68, 67–71. <http://dx.doi.org/10.15585/mmwr.mm6803a3>.

⁵United States Census Bureau. (2021). *Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic*. <https://www.census.gov/programs-surveys/household-pulse-survey.html>.

⁶Statistics Canada. (2022). Canada is the first country to provide census data on transgender and non-binary people. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm?HPA=1>. In their 2021 Census, Statistics Canada found that 0.33% of those age 15 and older were transgender or nonbinary.

⁷A. R. Flores, L. Langton, I. H. Meyer, A. P. Romero. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Sci. Adv.* 6(40). <https://www.science.org/doi/10.1126/sciadv.aba6910>.

⁸Conron, K.J. & O'Neill, K. (2021). *Food Insufficiency Among Transgender Adults During the COVID-19 Pandemic*. The Williams Institute, UCLA, Los Angeles, CA.

undermines the ability to make population-level estimates.⁹ The U.S. Census Bureau is fielding the Household Pulse Survey as a part of their Experimental Data Series.¹⁰ We continue to learn about the Household Pulse Survey methods and its promise and limitations as a data source to study the population size and characteristics of transgender people in the U.S.¹¹ Although they do not yet collect data about gender identity in all U.S. states, the CDC's BRFSS and YRBS currently provide the best available data to generate estimates of the number of adults and youth who identify as transgender.

In 2016 and 2017, the Williams Institute used data from the CDC's 2014-15 BRFSS to estimate the number of adults (ages 18 and older) and youth (ages 13 to 17) who identify as transgender.¹² Since then, a total of 43 states have used the BRFSS optional gender identity module for at least one year, providing more years of data from more states since these initial estimates. Additionally, since 2017, 15 states have included a question to identify transgender youth in their YRBS statewide questionnaire.¹³ These more recent data from the BRFSS and the YRBS provide an opportunity to update our prior population estimates of the number of adults and youth who identify as transgender in the U.S. In this report, we describe our updated estimates, including estimates regarding gender, age, and race/ethnicity at the national level and age and race/ethnicity at the regional and state levels. A detailed description of our methods and accompanying appendix can be found at the end of this report.

⁹From 2016 through the second quarter of 2019, questions pertaining to sexual orientation and gender identity were included in the NCVS. In 2019, the Bureau of Justice Statistics determined that the sexual orientation and gender identity questions would be administered only to those age 16 or older who reported violent victimization (not to all respondents). More recently, BJS has determined that the sexual orientation and gender identity items will be reinstated and administered to the original universe of all persons age 16 or older beginning in January 2022. See Bureau of Justice Statistics. (2021). NCVS OMB Supporting Statement Part A. Office of Management and Budget, Office of Information and Regulatory Affairs. https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202109-1121-002; Office of Information and Regulatory Affairs. (2021). OIRA Conclusion, OMB Control No: 1121-0111. Office of Management and Budget. https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202109-1121-002#.

¹⁰United States Census Bureau. (2021). *Measuring Household Experiences during the Coronavirus Pandemic*. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>.

¹¹United States Census Bureau. (2021). *Source of the Data and Accuracy of the Estimates for the Household Pulse Survey – Phase 3.2*. https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3-2_Source_and_Accuracy_Week39.pdf; Jesdale, B.M. (2021). *Counting Gender Minority Populations in the Household Pulse Survey (The AGENID=2 Memo)*. National LGBT Cancer Network. <https://cancer-network.org/wp-content/uploads/2021/10/Counting-GM-People-in-Pulse-Data.pdf>.

¹²Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute; Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). *Age of Individuals who Identify as Transgender in the United States*. Los Angeles, CA: The Williams Institute. Those who report that they consider themselves to be transgender in the BRFSS may identify with and use different gender identity terms outside the survey context, such as man, woman, and nonbinary.

¹³The count of 15 states is based on authors' original analysis of YRBS data.

FINDINGS

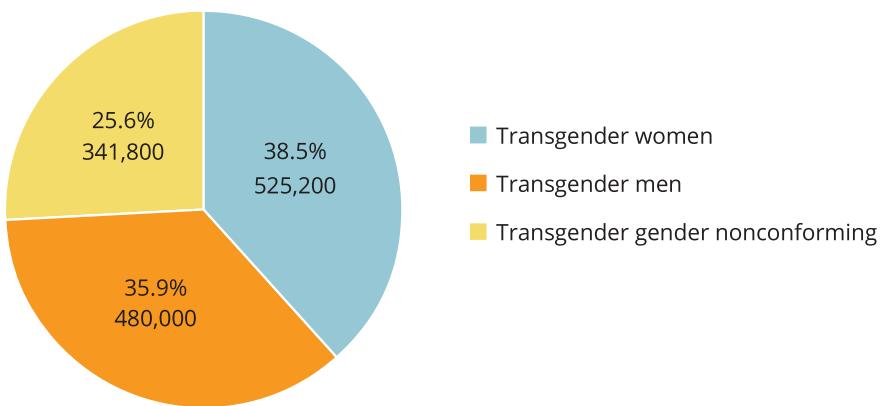
NATIONAL POPULATION ESTIMATES BY GENDER IDENTITY, AGE, AND RACE/ETHNICITY

Nationally, we estimate that 0.6% of those ages 13 and older identify as transgender in the United States, which is about 1.6 million individuals based on current U.S. population size. Among adults, 0.5% (over 1.3 million adults) identify as transgender. Among youth ages 13 to 17, 1.4% (about 300,000 youth) identify as transgender. The BRFSS and YRBS data allow us to further describe gender identity for adults, age categories for individuals ages 13 and older, and race/ethnicity separately for youth and adults.

Gender Identity

The BRFSS optional gender identity module includes a follow-up question of adults who identify as transgender to further describe their gender identity.¹⁴ Based on that follow-up question, we find that of adults who identify as transgender, 38.5% (515,200) are transgender women, 35.9% (480,000) are transgender men, and 25.6% (341,800) reported they are gender nonconforming. It is possible that transgender adults who identify as nonbinary may have reported their gender in the BRFSS as gender nonconforming. A recent study estimated that nearly one-third of transgender adults identify as nonbinary, which is similar to our finding of 25.6%.¹⁵ The YRBS does not include a follow-up question to allow respondents to further describe their gender identity. Therefore, we are unable to provide a more detailed description of gender identities among youth.

Figure 1. Gender identity of adults who identify as transgender in the U.S.



¹⁴The BRFSS questionnaire asks, “Do you consider yourself to be transgender?” If the answer is yes, the respondent is then asked, “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender nonconforming?” We categorize those who answered “male-to-female” as transgender women, those who answered “female-to-male” as transgender men, and those who answered “gender nonconforming” as gender nonconforming.

¹⁵Wilson, B.D.M & Meyer, I.H. (2021). *Nonbinary LGBTQ Adults in the United States*. Los Angeles, CA: The Williams Institute.

Age

We describe the age of individuals who identify as transgender in two ways: the percentage of each age group that identifies as transgender and the age distribution of the transgender-identified population compared to the age distribution of the U.S. population. When looking at the percentage in each age group that identifies as transgender, those in the youngest age groups appear to have a higher percentage of those who identify as transgender. For instance, 1.4% of those ages 13 to 17 identify as transgender whereas 0.3% of those ages 65 and older identify as transgender. While these age group differences appear to be only statistically significant between the oldest and youngest age groups, this age trend among transgender individuals is consistently found in studies using population-based samples.¹⁶

Table 1. Percent of each age group that identifies as transgender in the U.S.

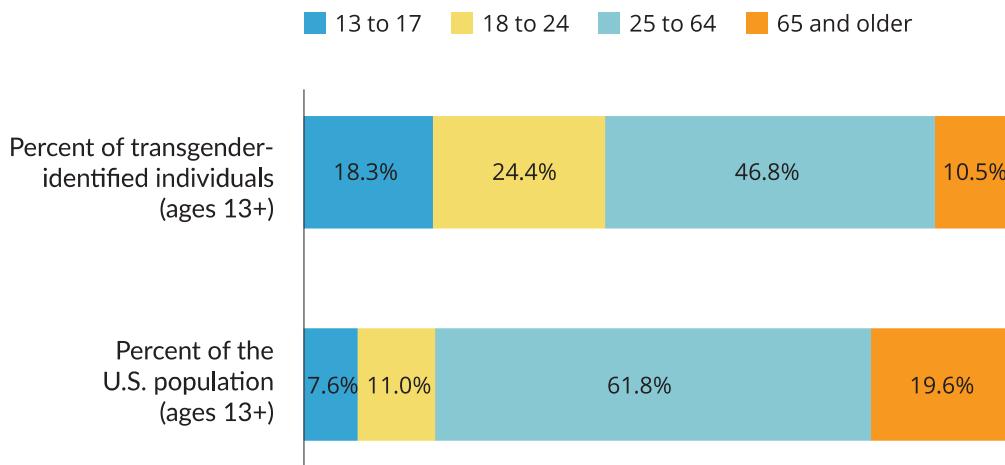
	PERCENT	NUMBER
13 to 17	1.4%	300,100
18 to 24	1.3%	398,900
25 to 64	0.5%	766,500
65 and older	0.3%	171,700
13 and older	0.6%	1,637,200

When looking at the age distribution of those who identify as transgender, it appears that the age distribution of transgender-identified individuals (ages 13 and older) is younger compared to the U.S. population. For instance, those ages 13 to 17 comprise 18.3% of transgender-identified individuals (ages 13 and older), whereas that age group comprises 7.6% of the U.S. population (ages 13 and older). This age trend is consistent with prior research that has found transgender individuals have a lower mean age than cisgender individuals.¹⁷

¹⁶ Jones, J. M. (2022). *LGBT Identification in U.S. Ticks up to 7.1%*. Gallup. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>; Herman, J.L., Flores, A.R., Brown, T.N.T., Wilson, B.D.M., & Conron, K.J. (2017). *Age of Individuals who Identify as Transgender in the United States*. Los Angeles, CA: The Williams Institute.; Feldman, J.L., Luhur, W.E., Herman, J.L., Poteat, T., Meyer, I.H. (2021). Health and health care access in the US transgender population health (TransPop) survey. *Andrology*, 9, 1707– 1718. <https://doi.org/10.1111/andr.13052>.

¹⁷ Feldman, J.L., Luhur, W.E., Herman, J.L., Poteat, T., Meyer, I.H. (2021). Health and health care access in the US transgender population health (TransPop) survey. *Andrology*, 9, 1707– 1718. <https://doi.org/10.1111/andr.13052>; Andrew R. Flores, Ilan H. Meyer, Lynn Langton, Jody L. Herman. (2021). Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017–2018. *American Journal of Public Health* 111(4), 726-729; Statistics Canada. (2022). Canada is the first country to provide census data on transgender and non-binary people. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm?HPA=1>.

Figure 2. Age distribution among those who identify as transgender and among the U.S. population (ages 13 and older)



Race/Ethnicity

Similar to age, we look at race and ethnicity of individuals who identify as transgender in two different ways: the percentage of each race/ethnicity group that identifies as transgender and the racial and ethnic distribution of the transgender-identified population compared to the racial and ethnic distribution of the U.S. population. We stratify this analysis by age, separately describing the race/ethnicity of youth and adults. Tables 2 and 3 describe the percentage of each racial/ethnic group that identifies as transgender, along with the population estimate. Differences between racial/ethnic groups are not statistically significant, but our findings do reflect prior research with population-based samples that have found that Latinx people, American Indian or Alaska Native, and biracial/multiracial groups appear more likely than White people to identify as transgender.¹⁸

Table 2. Percent of each racial/ethnic group that identifies as transgender in the U.S., among adults (ages 18 and older)

	PERCENT	NUMBER
White	0.5%	731,200
Black	0.6%	173,500
Asian	0.5%	77,300
AIAN	0.9%	14,500
Latinx	0.7%	289,700
Biracial, Multiracial, or Other Race/Ethnicity	1.0%	50,900

Note: White, Black, Asian, and American Indian or Alaska Native (AIAN) are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. Biracial, multiracial, and other race/ethnicity are non-Hispanic.

¹⁸Feldman, J.L., Luhur, W.E., Herman, J.L., Poteat, T., Meyer, I.H. (2021). Health and health care access in the US transgender population health (TransPop) survey. *Andrology*, 9, 1707– 1718. <https://doi.org/10.1111/andr.13052>; Meyer, I. H., Brown, T. N., Herman, J. L., Reisner, S. L., & Bockting, W. O. (2017). Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System, 2014. *American Journal of Public Health*, 107(4), 582–589. <https://doi.org/10.2105/AJPH.2016.303648>.

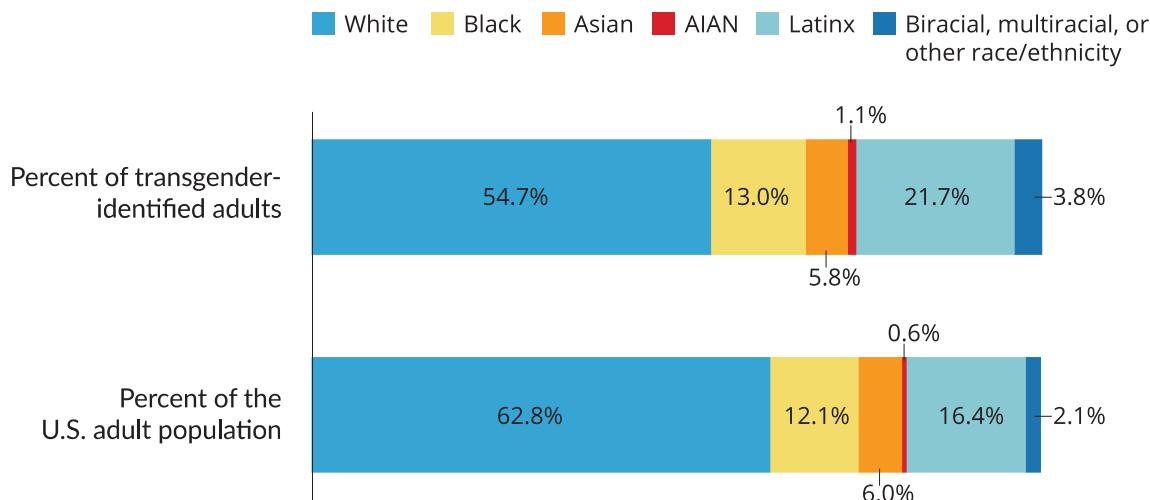
Table 3. Percent of each racial/ethnic group that identifies as transgender in the U.S., among youth (ages 13 to 17)

	PERCENT	NUMBER
White	1.3%	138,800
Black	1.4%	39,600
Asian	1.0%	10,800
AIAN	1.8%	3,000
Latinx	1.8%	92,900
Biracial, Multiracial, or Other Race/Ethnicity	1.5%	15,000

Note: White, Black, Asian, and American Indian or Alaska Native (AIAN) are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. Biracial, multiracial, and other race/ethnicity are non-Hispanic.

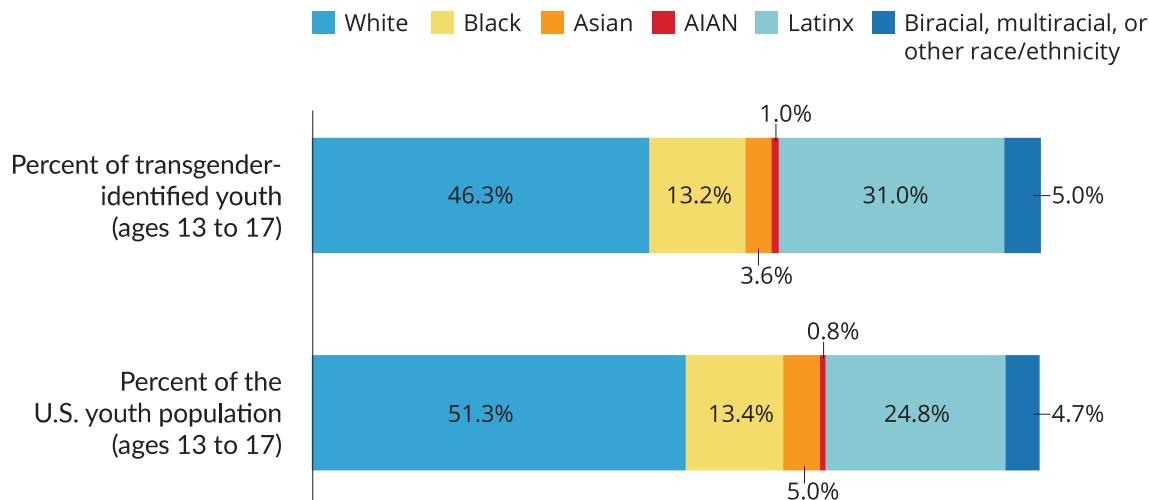
The racial and ethnic distribution of adults and youth appear generally similar to the racial/ethnic distribution of the U.S. population. However, transgender-identified youth and adults appear more likely to report being Latinx and less likely to report being White, as compared to the U.S. population (see Figures 3 and 4). As described above, this trend is in keeping with prior research.¹⁹

Figure 3. Race/ethnicity of adults who identify as transgender and of the U.S. population (ages 18 and older)



¹⁹Ibid.

Figure 4. Race/ethnicity of youth who identify as transgender and of the U.S. population (ages 13-17)



REGIONAL AND STATE POPULATION ESTIMATES, BY AGE AND RACE

Adults and youth who identify as transgender in the U.S. reside in all 50 states and the District of Columbia. Table 4 describes the percentage of each age group that identifies as transgender, and the population estimate for each, in the four U.S. regions, and in each state within each region. Overall, for youth ages 13 to 17, we find that 1.4% identify as transgender, which is about 300,000 youth. Our estimates of youth ages 13 to 17 who identify as transgender are similar across U.S. regions, ranging from 1.8% in the Northeast to 1.2% in the Midwest. At the state level, our estimates range from 3.0% of youth ages 13 to 17 identifying as transgender in New York to 0.6% in Wyoming.²⁰ Among all adults, we find that 0.5%, or over 1.3 million, identifies as transgender. Our estimates of adults in U.S. regions who identify as transgender range from 0.6% in the Northeast to 0.4% in the Midwest. At the state level, our estimates range from 0.9% of adults identifying as transgender in North Carolina to 0.2% in Missouri.²¹

²⁰Appendix Table A4 describes 95% credible intervals for our national, regional, and state level estimates for youth and adults by age group. This table can serve as a reference to help determine if estimates across regions and states appear to be significantly different from each other. For instance, the percent of youth in New York who identify as transgender (3.0%) is significantly higher than 10 other states, meaning the upper bound estimate in these 10 states is lower than the lower bound estimate for New York. For adults, the percent that identifies as transgender in North Carolina (0.9%) is significantly higher than 19 other states.

²¹The District of Columbia is not included in this range for states. DC had a notably high percentage of transgender-identified adults (0.92%), but is considered an outlier compared to the rest of the U.S. states due to its unique geographic (urban) and demographic profile.

Table 4. Regional and state-level estimates of those who identify as transgender in the U.S. population by age group (ages 13 and older)

STATE	13-17		18-24		25-64		65+		ALL ADULTS 18+	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
United States	1.43%	300,100	1.31%	398,900	0.45%	766,500	0.32%	171,700	0.52%	1,337,100
WEST	1.62%	81,700	1.14%	82,600	0.51%	209,400	0.30%	36,400	0.54%	328,500
Alaska	1.23%	500	1.51%	1,000	0.65%	2,500	0.34%	300	0.70%	3,900
Arizona	1.54%	7,300	1.92%	13,000	0.71%	25,200	0.23%	3,000	0.73%	41,200
California	1.93%	49,100	0.70%	25,500	0.50%	105,100	0.34%	19,500	0.49%	150,100
Colorado	1.14%	4,200	2.09%	10,800	0.51%	15,800	0.06%	500	0.60%	27,000
Hawaii	2.15%	1,700	1.50%	1,800	0.66%	4,800	0.44%	1,200	0.70%	7,800
Idaho	0.76%	1,000	0.92%	1,500	0.51%	4,500	0.36%	1,000	0.52%	7,000
Montana	0.78%	500	0.70%	700	0.47%	2,500	0.13%	300	0.41%	3,400
Nevada	1.67%	3,300	0.87%	2,200	0.35%	5,700	0.04%	200	0.34%	8,100
New Mexico	2.62%	3,700	0.81%	1,600	0.62%	6,500	0.73%	2,800	0.67%	10,900
Oregon	1.18%	2,900	1.57%	5,700	0.52%	11,500	0.35%	2,700	0.59%	19,900
Utah	0.83%	2,100	1.34%	4,800	0.47%	7,300	0.43%	1,600	0.60%	13,700
Washington	1.09%	5,000	2.01%	13,300	0.41%	16,900	0.26%	3,200	0.56%	33,300
Wyoming	0.56%	200	1.21%	700	0.41%	1,200	0.29%	300	0.48%	2,100
MIDWEST	1.24%	54,500	1.27%	81,200	0.34%	119,900	0.26%	30,100	0.44%	231,200
Illinois	1.66%	13,700	1.94%	22,300	0.24%	16,300	0.24%	4,800	0.44%	43,400
Indiana	0.91%	4,100	1.18%	7,800	0.45%	15,100	0.27%	2,900	0.50%	25,800
Iowa	1.07%	2,100	0.45%	1,400	0.28%	4,400	0.23%	1,200	0.29%	7,100
Kansas	1.05%	2,100	1.92%	5,700	0.35%	5,000	0.34%	1,600	0.56%	12,400
Michigan	1.41%	8,900	1.13%	10,800	0.38%	19,600	0.14%	2,600	0.42%	33,000
Minnesota	0.94%	3,500	1.62%	7,900	0.52%	15,200	0.32%	2,900	0.60%	26,000
Missouri	0.75%	2,900	0.71%	3,900	0.07%	2,100	0.33%	3,500	0.20%	9,500
Nebraska	0.94%	1,200	1.12%	2,100	0.37%	3,600	0.28%	900	0.45%	6,600
North Dakota	1.16%	500	1.02%	800	0.36%	1,400	0.26%	300	0.43%	2,500
Ohio	1.15%	8,500	1.14%	12,200	0.45%	27,100	0.35%	7,200	0.51%	46,500
South Dakota	0.90%	500	1.12%	900	0.37%	1,600	0.27%	400	0.44%	2,900
Wisconsin	1.75%	6,400	0.99%	5,300	0.29%	8,500	0.17%	1,700	0.34%	15,500
SOUTH	1.25%	102,200	1.33%	154,500	0.45%	295,500	0.36%	73,600	0.54%	523,600
Alabama	1.08%	3,400	1.18%	5,400	0.42%	10,400	0.30%	2,500	0.48%	18,400
Arkansas	0.88%	1,800	3.59%	9,800	0.24%	3,500	0.58%	2,900	0.70%	16,200
Delaware	0.96%	600	2.36%	2,000	0.69%	3,400	0.49%	900	0.82%	6,300
District of Columbia	2.11%	600	2.21%	1,600	0.77%	3,200	0.56%	500	0.92%	5,300
Florida	1.32%	16,200	1.28%	22,400	0.49%	53,900	0.41%	18,600	0.55%	94,900
Georgia	1.18%	8,500	1.24%	12,700	0.48%	26,800	0.61%	9,200	0.60%	48,700
Kentucky	0.68%	2,000	1.27%	5,300	0.43%	9,900	0.32%	2,400	0.51%	17,700
Louisiana	1.30%	4,000	0.79%	3,300	0.45%	10,700	0.23%	1,700	0.44%	15,700
Maryland	2.08%	8,000	1.90%	10,100	0.38%	12,200	0.18%	1,700	0.51%	24,000
Mississippi	1.20%	2,400	0.81%	2,400	0.37%	5,500	0.33%	1,600	0.42%	9,600

STATE	13-17		18-24		25-64		65+		ALL ADULTS 18+	
	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
North Carolina	1.27%	8,500	2.46%	24,000	0.73%	38,400	0.53%	8,900	0.87%	71,300
Oklahoma	1.00%	2,600	2.52%	9,300	0.44%	8,500	0.19%	1,100	0.63%	18,900
South Carolina	1.14%	3,700	0.87%	4,100	0.43%	11,300	0.38%	3,500	0.47%	19,000
Tennessee	0.74%	3,100	1.95%	11,700	0.44%	15,000	0.09%	1,000	0.52%	27,700
Texas	1.42%	29,800	0.71%	19,800	0.42%	61,500	0.31%	11,600	0.43%	92,900
Virginia	1.18%	6,200	1.11%	8,800	0.40%	18,000	0.34%	4,600	0.47%	31,400
West Virginia	0.68%	700	1.18%	1,800	0.36%	3,200	0.22%	800	0.40%	5,700
NORTHEAST	1.82%	61,700	1.58%	80,600	0.48%	141,600	0.32%	31,600	0.57%	253,800
Connecticut	1.64%	3,700	1.35%	4,600	0.45%	8,300	0.38%	2,400	0.54%	15,300
Maine	1.59%	1,200	1.44%	1,600	0.47%	3,300	0.34%	1,000	0.53%	5,900
Massachusetts	1.44%	5,900	2.30%	15,700	0.44%	16,100	0.46%	5,400	0.67%	37,100
New Hampshire	0.84%	700	1.53%	1,900	0.48%	3,500	0.34%	900	0.57%	6,300
New Jersey	0.67%	3,800	1.67%	12,700	0.52%	24,800	0.38%	5,600	0.62%	43,100
New York	3.00%	34,800	1.37%	24,100	0.46%	47,600	0.31%	10,100	0.53%	81,800
Pennsylvania	1.30%	10,000	1.50%	16,900	0.51%	33,400	0.24%	5,600	0.55%	56,000
Rhode Island	1.93%	1,200	2.11%	2,300	0.54%	3,000	0.21%	400	0.66%	5,700
Vermont	1.33%	500	1.26%	800	0.48%	1,500	0.29%	400	0.53%	2,700

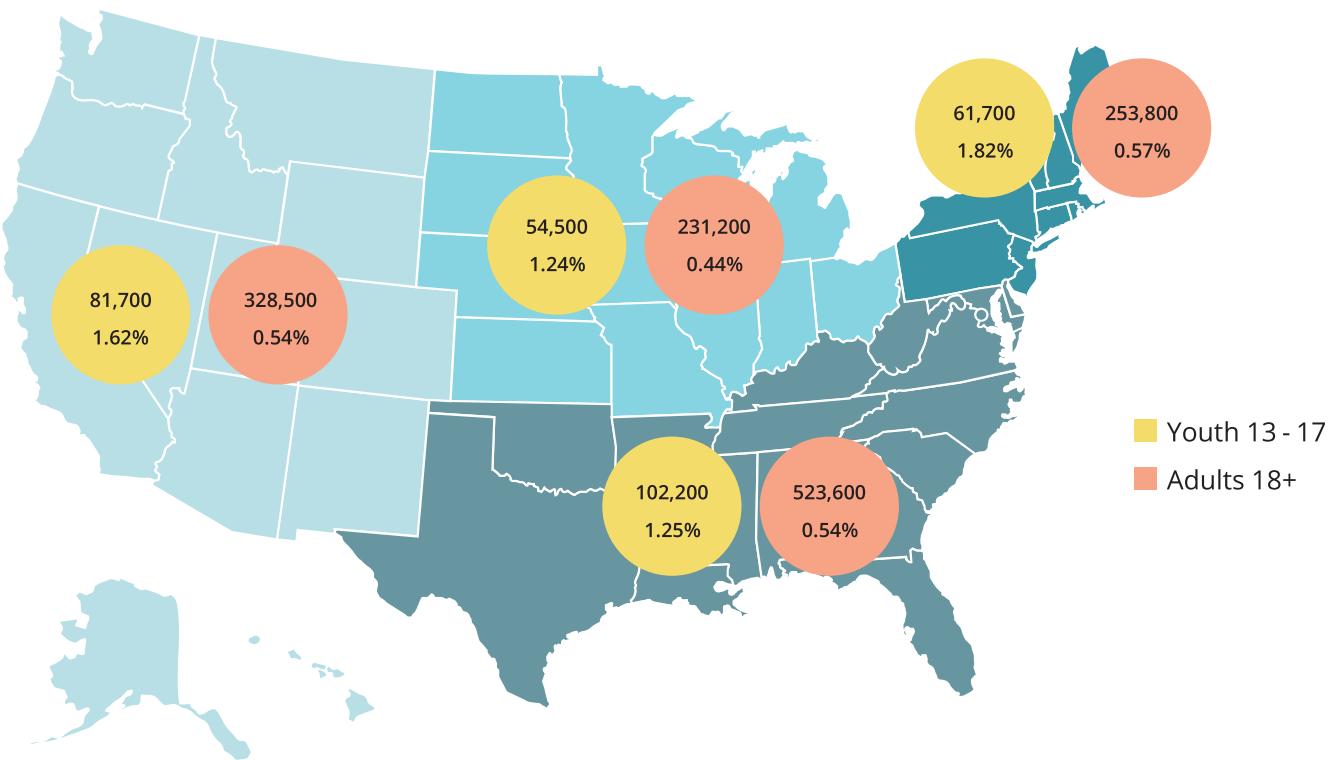


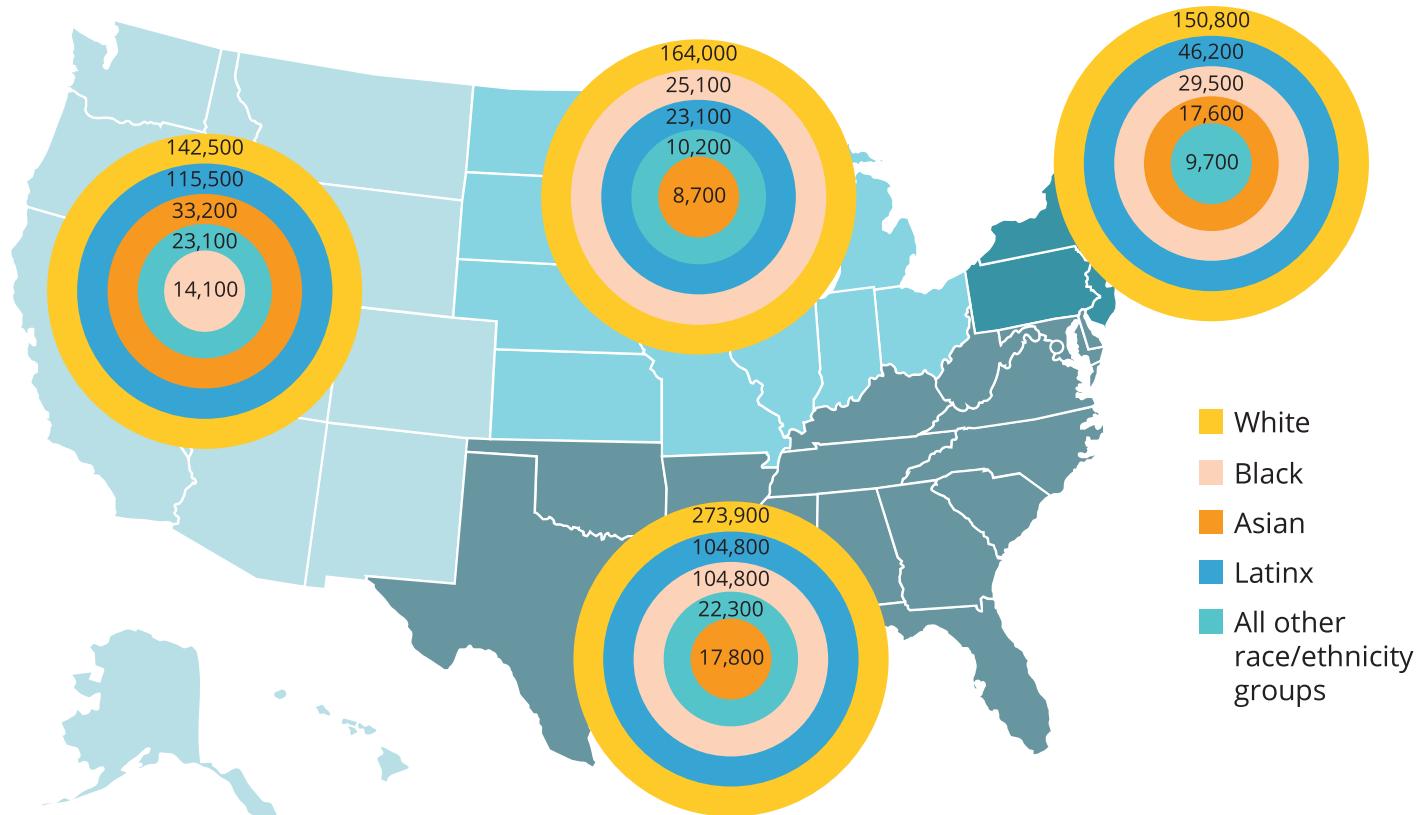
Table 5 describes the percentage and the population estimate of each racial/ethnic group that identifies as transgender nationally, in the four U.S. regions, and in each state within each region. Due to sample size limitations, our estimates are limited only to adults. Furthermore, we must combine into one heterogenous category all those reporting a race or ethnicity other than White, Black, Asian, and Latinx, which includes Native American, Alaska Native, Native Hawaiian, Pacific Islander, biracial, multiracial, and individuals with other racial/ethnic identities.

Table 5. Regional and state-level estimates of those who identify as transgender in the U.S. population by race/ethnicity (adults ages 18+ only)

	WHITE		BLACK		ASIAN		LATINX		ALL OTHER RACE/ETHNICITY GROUPS	
STATE	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
United States	0.46%	731,200	0.56%	173,500	0.50%	77,300	0.69%	289,700	0.94%	65,400
WEST	0.45%	142,500	0.51%	14,100	0.48%	33,200	0.70%	115,500	0.91%	23,100
Alaska	0.49%	1,900	0.70%	100	0.67%	300	0.78%	300	1.12%	1,200
Arizona	0.52%	18,700	0.66%	1,800	0.63%	1,400	0.91%	15,600	1.17%	3,700
California	0.40%	44,200	0.50%	8,000	0.47%	20,900	0.70%	69,900	0.74%	7,100
Colorado	0.50%	16,200	0.64%	1,100	0.61%	1,000	0.86%	7,500	1.04%	1,300
Hawaii	0.50%	1,400	0.59%	100	0.58%	3,500	0.80%	800	1.08%	1,900
Idaho	0.46%	5,300	0.63%	<100	0.49%	100	0.76%	1,200	0.82%	300
Montana	0.38%	2,800	0.57%	<100	0.38%	<100	0.62%	200	0.68%	400
Nevada	0.39%	3,300	0.50%	700	0.45%	700	0.69%	2,900	0.54%	500
New Mexico	0.47%	3,200	0.63%	200	0.56%	200	0.76%	5,800	0.95%	1,500
Oregon	0.53%	13,700	0.65%	400	0.64%	1,100	0.89%	3,300	1.02%	1,400
Utah	0.54%	9,800	0.66%	100	0.67%	500	0.82%	2,400	1.06%	800
Washington	0.49%	20,300	0.61%	1,400	0.58%	3,400	0.86%	5,400	0.98%	2,900
Wyoming	0.44%	1,700	0.58%	<100	0.59%	<100	0.75%	300	0.85%	100
MIDWEST	0.40%	164,000	0.48%	25,100	0.48%	8,700	0.64%	23,100	0.87%	10,200
Illinois	0.40%	23,900	0.49%	6,300	0.43%	2,400	0.65%	9,400	0.85%	1,400
Indiana	0.46%	19,500	0.53%	2,500	0.56%	700	0.70%	2,200	1.03%	1,000
Iowa	0.31%	5,700	0.41%	300	0.41%	200	0.53%	600	0.56%	200
Kansas	0.49%	8,600	0.60%	800	0.61%	400	0.82%	1,900	1.04%	700
Michigan	0.40%	23,400	0.48%	4,700	0.46%	1,100	0.66%	2,200	0.79%	1,500
Minnesota	0.53%	19,300	0.71%	1,700	0.72%	1,500	0.88%	1,800	1.27%	1,600
Missouri	0.34%	7,300	0.41%	1,200	0.41%	200	0.52%	500	0.37%	400
Nebraska	0.40%	4,800	0.54%	400	0.53%	200	0.71%	1,000	0.89%	300
North Dakota	0.39%	2,000	0.49%	100	0.59%	100	0.74%	200	0.70%	200
Ohio	0.48%	35,400	0.56%	6,000	0.53%	1,200	0.70%	2,100	1.03%	1,900
South Dakota	0.39%	2,200	0.52%	100	0.61%	100	0.63%	100	0.82%	500
Wisconsin	0.35%	11,900	0.48%	1,100	0.47%	600	0.56%	1,300	0.65%	600
SOUTH	0.48%	273,900	0.58%	104,800	0.51%	17,800	0.66%	104,800	0.99%	22,300
Alabama	0.44%	11,200	0.54%	5,400	0.46%	200	0.72%	900	0.80%	600
Arkansas	0.55%	11,200	0.62%	2,600	0.72%	300	0.89%	1,500	1.16%	600
Delaware	0.65%	3,600	0.81%	1,400	0.70%	200	1.15%	800	1.77%	300
District of Columbia	0.77%	1,800	0.99%	2,400	0.98%	300	1.11%	600	1.42%	200
Florida	0.46%	44,300	0.62%	15,100	0.55%	2,700	0.69%	29,500	0.97%	3,300
Georgia	0.53%	23,700	0.61%	15,700	0.57%	2,000	0.84%	5,800	1.04%	1,600
Kentucky	0.49%	14,500	0.55%	1,500	0.53%	300	0.76%	800	1.09%	600
Louisiana	0.43%	8,700	0.51%	5,200	0.50%	300	0.60%	1,000	0.71%	500
Maryland	0.46%	11,200	0.52%	7,200	0.49%	1,500	0.75%	3,200	0.88%	1,100
Mississippi	0.40%	5,100	0.47%	3,800	0.43%	100	0.65%	400	0.77%	200

	WHITE		BLACK		ASIAN		LATINX		ALL OTHER RACE/ETHNICITY GROUPS	
STATE	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER
North Carolina	0.71%	41,400	0.84%	15,700	0.80%	2,100	1.17%	8,200	1.59%	3,800
Oklahoma	0.53%	10,900	0.60%	1,300	0.66%	500	0.88%	2,400	1.00%	3,900
South Carolina	0.43%	11,300	0.53%	5,400	0.49%	300	0.69%	1,300	0.90%	600
Tennessee	0.48%	19,400	0.56%	4,900	0.55%	600	0.81%	1,900	0.96%	900
Texas	0.36%	32,500	0.44%	10,600	0.40%	4,300	0.58%	42,800	0.69%	2,700
Virginia	0.43%	17,900	0.51%	6,300	0.47%	2,100	0.66%	3,700	0.92%	1,500
West Virginia	0.42%	5,200	0.44%	200	0.40%	<100	0.55%	100	0.75%	100
NORTHEAST	0.51%	150,800	0.61%	29,500	0.58%	17,600	0.78%	46,200	1.04%	9,700
Connecticut	0.46%	9,100	0.62%	1,700	0.55%	700	0.76%	3,200	0.96%	600
Maine	0.52%	5,300	0.63%	100	0.74%	100	0.80%	100	0.99%	200
Massachusetts	0.58%	23,900	0.74%	2,800	0.73%	2,800	0.96%	5,800	1.21%	1,800
New Hampshire	0.54%	5,500	0.63%	100	0.60%	200	0.86%	300	1.18%	200
New Jersey	0.49%	20,800	0.61%	5,800	0.52%	3,800	0.79%	11,200	1.11%	1,400
New York	0.46%	39,800	0.56%	12,100	0.55%	7,500	0.70%	19,100	0.92%	3,300
Pennsylvania	0.50%	40,200	0.61%	6,500	0.58%	2,100	0.78%	5,300	1.09%	1,800
Rhode Island	0.57%	3,700	0.71%	300	0.72%	200	0.89%	1,100	1.14%	300
Vermont	0.51%	2,400	0.67%	<100	0.55%	<100	0.91%	100	1.04%	100

Note: White, Black, and Asian are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. All other race/ethnicity groups are non-Hispanic.



CONCLUSION

Based on our estimates from 2016-2017 and the current report, the percentage and number of adults who identify as transgender has remained steady over time in the United States. The availability of the YRBS data has given us a more direct look into youth gender identity and provides better data than was previously available to us for estimating the size and characteristics of the youth population. Youth ages 13 to 17 comprise a larger share of the transgender-identified population than we previously estimated, currently comprising about 18% of the transgender-identified population in the U.S., up from 10% previously. Our findings regarding gender, age, and race/ethnicity are in keeping with existing research, which has found that nonbinary adults comprise nearly a third of transgender adults, transgender people are on average younger than the general population, and transgender people are more likely to report being Latinx and less likely to report being White.

Our estimates described in this report were made possible by advances in gender identity data collection over the past five years. More states have included the BRFSS optional gender identity module over the years and the availability of YRBS data has given us a direct look into youth gender identity. In this study, we were also able, for the first time, to produce national and state-level population estimates for Asian adults and national population estimates for American Indian and Alaska Native adults who identify as transgender. Despite these advances, our study required the use of advanced statistical modeling in order to produce our estimates. This is because several states do not include the optional gender identity module in their BRFSS surveys. Other surveys that identify transgender respondents are still emerging as potential data sources for similar population estimates, like Household Pulse Survey, or do not yet exist. To improve the availability of data about the U.S. transgender population, and negate the need for advanced statistical modeling to overcome limitations in the current data, the CDC should make the BRFSS gender identity module part of the core survey rather than an optional module. Furthermore, the federal government should include questions to identify transgender people in all federal surveys. Visibility for the transgender people in our federal surveys would further bring to light the characteristics, experiences, well-being, and needs of the transgender population in the United States.

METHODS

The BRFSS collects demographic and health information from representative samples at the state level. In addition to a core questionnaire provided by the CDC that coordinates the BRFSS, states can add optional modules that ask unique sets of questions. One module asks about sexual orientation and gender identity (SOGI). Similarly, the YRBS allows states to include a module that asks about SOGI. The BRFSS module asks, "Do you consider yourself to be transgender?" with response options, "Yes; No; Don't know/not sure" or respondents could refuse to answer. If a respondent expresses confusion, then interviewers provide definitions of transgender and/or gender nonconforming. If respondents affirmatively answer the question, they are then asked if they consider themselves to be male-to-female; female-to-male; or gender nonconforming. The YRBS module asks, "Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?" with response options, "No; Yes, I am transgender; Not sure if I am transgender, Don't know what the question is asking."

We pool the 2017-2020 BRFSS surveys; 41 states used the SOGI module one or more times in this timeframe ($n = 1,707,678$). We pool the 2017 and 2019 YRBS where 15 states used the module at least one during this time period ($n = 372,214$). We analyze adults and youth separately considering they come from different sources. All respondents who were asked whether they identify as transgender are coded as 1 if they did or 0 if they did not, which includes don't know responses, not sure responses, and refusals to answer.

We directly analyze the results from any state that implemented the sexual orientation and gender identity module. For example, the estimates for the 41 states in the BRFSS will be the same as the weighted results one would obtain from direct analyses of available 2017-2020 BRFSS data for that state.²² The pooled estimates do not account for various years.

The strategy we employ for states where transgender identification is not observed, because the SOGI module was not used, combines small area estimation strategies common in demographic research with poststratification techniques common in survey research.²³ This strategy is called multilevel regression and poststratification (MRP). We fit a multilevel model relying on demographics and state of residence. The general model can be summarized in two stages. The first stage performs a multilevel regression to data. The following is the specification for the BRFSS:

$$y_i = g(b_0 + b_1 * \text{cell_int} + \alpha_{\text{race}_i}^j + \alpha_{\text{age}_i}^k + \alpha_{\text{educ}_i}^l + \alpha_{\text{age.educ}_i}^m + \alpha_{\text{state}_i}^s).$$

where $g(\cdot)$ is a link function, and α 's represent random coefficients for demographic and geographic predictors. All demographic random effects are distributed normally, $\alpha \sim N(0, \sigma^2)$.

In building our estimation models, we included covariates that are correlated with the percentage of transgender or LGBT people within a state and where there are population estimates from the United States Census Bureau. Individual-level and contextual covariates are related to identification, disclosure, and may be associated with migration to a state. Evaluations of models employing this estimation strategy for statewide estimates show that even using a single demographic predictor, such as race, in addition to geographic predictors produce estimates that out-perform disaggregated analysis.²⁴ Studies document that LGBT and transgender populations tend to be younger,²⁵ more

²²This is true for all overall estimates. However, for subgroups we rely on the model described in this note and then generalize those model results to the estimated population total of people who identify as transgender. We do this because of small cell sizes and unstable direct estimates.

²³Park, D.K., Gelman, A., & Bafumi, J. (2004). Bayesian multilevel estimation with poststratification: State-level estimates from national polls. *Political Analysis*, 12, 375-385.

²⁴Lax, J. R., and Phillips, J. H. (2009). How should we estimate public opinion in the states? *American Journal of Political Science*, 53(1), 107-121.

²⁵James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L. A., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles, CA: The Williams Institute.

racially and ethnically diverse,²⁶ and have levels of educational attainment that differ from non-LGBT²⁷ or cisgender populations.²⁸ Further, varying social contexts may create environments that are either more welcoming to LGBT people encouraging greater identity uptake or migration.²⁹ Thus, the models rely on basic demographics and state-level contextual characteristics that may covary with transgender status.

We use six race and ethnicity categories. We also use 10 age categories ranging from 18 to over 65 years old. Educational attainment is comprised of four categories (i.e., less than a high school diploma or equivalent, a high school diploma or equivalent, some college education, and those with a college degree or more education). We also use the interaction of age and education categories, which is a standard procedure in survey weighting as age and educational attainment are interrelated. At times, the BRFSS module may or may not be used in a cell phone interview depending on a person's residency,³⁰ so it is used as a covariate to account for a systematic missing data pattern. The geographic-level coefficients are given group-level covariates:

$$\alpha_s \sim N(\alpha_{\text{regions}}^r + G^s U, \sigma_{\text{state}}^2),$$

where G^s is a matrix of $(s \times j)$ matrix of j group-level variables and U is a vector of length j regression coefficients. We include statewide contextual variables such as race/ethnic composition of the state, the percentage of same-sex couple households in the state, statewide measures of public opinion on LGBT rights, and median income in a state. In total, the percentage of same-sex couple households in the state was among the strongest predictors in the current model. We further add a third level to the model for regional groupings of the states, which is also distributed normally.³¹

The YRBS was analyzed with the same approach, except there were only two age groups (13-14; 15-17), and we do not use educational attainment or cell phone interviews. Our analyses use the sampling weights from both the BRFSS and YRBS. We rescale these weights to account for multilevel modeling using Carle's method A.³² All models are fit in R relying on maximum likelihood estimation.³³ The second step of MRP is to use the fitted regression and generalize it over known population distributions. For example, if $g(\cdot)$ were a logistic regression, then the probabilities an individual identifies with a group can be predicted for each demographic and geographic characteristic (θ_c),

²⁶Flores, A. R., Langton, L., Meyer, I. H., and Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, 6: eaba6910.

²⁷Ibid.

²⁸Badgett, M. V. L., Choi, S. K., & Wilson, B. D. M., (2019, October). *LGBT poverty in the United States: A study of differences between sexual orientation and gender identity groups*. Los Angeles, CA: The Williams Institute.

²⁹Esposito, E., Calanchini, J. (2022). Examining selective migration as attitudinal fit versus gay migration. *Journal of Experimental Social Psychology*, 101, 104307.

³⁰Jesdale, B.M. (2021). Sources of missing sexual orientation and gender identity data in the Behavioral Risk Factor Surveillance System. *American Journal of Preventative Medicine*, 61(2), 281-290.

³¹Given the uniqueness of the District of Columbia, it is treated as its own state and region in this process.

³²Carle, A.C. (2009). Fitting multilevel models in complex survey data with design weights: Recommendations. *BMV Medical Research Methodology*, 9, <https://doi.org/10.1186/1471-2288-9-49>

³³Bates, D., Mächler, M., Bolker, B., and Walker, S. (2015). Fitting linear mixed-effects models using lme4. *Journal of Statistical Software*, 67, 1-48.

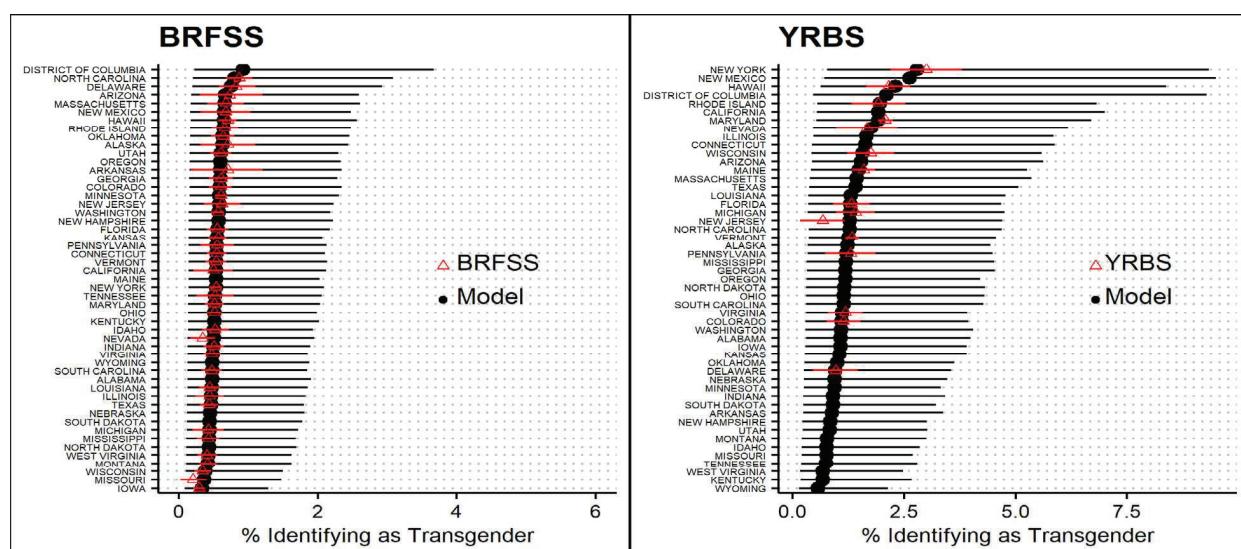
where $\max(c) = j * k * l * s$. Every fitted value can then be weighted by the size of the population, N_c , and these weighted values summed by state for population size and further divided by the state's population for a population proportion:

$$\text{Population size}_s = \sum_{c \in S} \theta_c * N_c; \text{Population Proportion}_s = \frac{\sum_{c \in S} \theta_c * N_c}{\sum_{c \in S} N_c}.$$

We use the 2019 three-year estimates from the American Community Survey for our poststratification dataset, which we retrieved through IPUMS. For the states where data are observed, we multiply the 2019 3-year estimates to the proportion of people identifying as transgender, providing us with a population estimate. For the states where data are not observed, model-based estimates are used, and we incorporate model uncertainty in predictions when providing confidence intervals of our estimates.³⁴

Since our estimation strategy produces two sets of estimates for states where data are observed (i.e., direct estimates and model-based estimates). We compared these two sets of estimates. Overall, they tended to strongly correlate with one another (e.g., correlation above 0.80), suggesting that the model-based estimates perform similar to direct estimation. Figure 5 compares model-based estimates to direct estimates at the state level. We see very few deviations that all fall beyond the margin of error. The three exceptions are Missouri and Nevada in the BRFSS and New Jersey in the YRBS, where the direct estimates are smaller than the model-based estimates. These deviations all fall well within confidence intervals. While we report direct estimates whenever possible, these discrepancies suggest that model-based estimates may better adjust weighted estimates to population targets without producing bias. We still opt to be conservative in our reporting and rely on direct estimates whenever the data are available.

Figure 5. Model-based estimates and direct estimates from BRFSS and YRBS



³⁴There is no consensus about the best method for uncertainty estimation for multilevel models. We use the predictInterval function from the merTools package in R for uncertainty estimation. Ideally, a fully Bayesian model would be preferred, but we were limited by computing power.

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To ensure subgroup estimates summed to national estimates, the subgroup counts of people who identify as transgender were divided by total counts of people who identify as transgender and the resulting percentage was then multiplied by the total population estimate to create an adjusted subgroup population estimate. For example, the population estimates of adults who identify as transgender by age group in California were added together to create a population estimate of the total number of adults who identify as transgender in California. The estimated number of 18- to 24-year-old transgender people in California is then divided by this total, to create an estimate of what percentage of transgender adults in California are 18 to 24. This percentage is then multiplied by the total estimated number of adults who identify as transgender in California. The resulting population estimate for that subgroup is only slightly different than the original subgroup estimate but it now correctly adds to the total estimated number of adults who identify as transgender in California.

To create national estimates, count estimates for each state were summed and then divided by the total population estimate. For example, the estimated number of Black adults who identify as transgender in the United States was summed across all states and then divided by the total estimated number of Black adults in the U.S. This created a national estimate of the percentage of Black adults who identify as transgender. A similar approach was used to create regional estimates.

All numbers were rounded to the nearest 100th. Some lower-bound credible intervals reported below were negative; these were truncated to zero.

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ACKNOWLEDGEMENTS

The authors thank Bianca Wilson, Kerith Conron, Christy Mallory, and Brad Sears for their thoughtful reviews and contributions to this report. We also thank Rachel Dowd and Sandro Del Rosario for their design and creation of the data interactive that accompanies this report. Finally, the authors thank Gary J. Gates for his foundational research that launched this series of reports.

SUGGESTED CITATION

Herman, J.L., Flores, A.R., O'Neill, K.K. (2022). How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA School of Law

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APPENDIX

Table A1. Percent of each age group that identifies as transgender in the U.S.

	PERCENT [LB, UB]	NUMBER [LB, UB]
13 to 17	[0.61%, 4.02%]	[128,834, 843,773]
18 to 24	[0.43%, 2.43%]	[130,902, 736,873]
25 to 64	[0.23%, 0.74%]	[399,265, 1,260,344]
65 and older	[0.12%, 0.57%]	[64,824, 310,718]
Total (ages 13+)	[0.26%, 1.14%]	[723,825, 3,151,708]

Table A2. Percent of each racial/ethnic group that identifies as transgender in the U.S., among adults (ages 18 and older)

	PERCENT [LB, UB]	NUMBER [LB, UB]
White	[0.28%, 0.72%]	[450,300, 1,151,079]
Black	[0.36%, 0.84%]	[110,698, 258,977]
Asian	[0.31%, 0.74%]	[47,451, 113,294]
AIAN	[0.50%, 1.39%]	[8,327, 23,097]
Latinx	[0.41%, 1.00%]	[172,709, 420,079]
Biracial, multiracial, or other race/ethnicity	[0.58%, 1.42%]	[40,459, 98,207]
Total	[0.32%, 0.77%]	[816,644, 1,964,330]

Note: White, Black, Asian, and American Indian or Alaska Native (AIAN) are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. Biracial, multiracial, and other race/ethnicity are non-Hispanic.

Table A3. Percent of each racial/ethnic group that identifies as transgender in the U.S., among youth (ages 13 to 17)

	PERCENT [LB, UB]	NUMBER [LB, UB]
White	[0.34%, 4.63%]	[36,900, 498,000]
Black	[0.38%, 5.05%]	[10,700, 142,250]
Asian	[0.28%, 3.80%]	[2,900, 39,800]
AIAN	[0.48%, 6.46%]	[800, 10,900]
Latinx	[0.49%, 6.34%]	[25,600, 330,650]
Biracial, multiracial, or other race/ethnicity	[0.41%, 5.47%]	[4,000, 53,850]
Total	[0.58%, 3.92%]	[122,000, 823,200]

Note: White, Black, Asian, and American Indian or Alaska Native (AIAN) are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. Biracial, multiracial, and other race/ethnicity are non-Hispanic.

Table A4. 95% Credible Intervals for regional and state-level estimates of those who identify as transgender in the U.S. population by age group

STATE	13-17		18-24		25-64		65+		ALL ADULTS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
United States	[0.61%, 4.02%]	[128,834, 843,773]	[0.43%, 2.43%]	[130,902, 736,873]	[0.23%, 0.74%]	[399,265, 1,260,344]	[0.12%, 0.57%]	[64,824, 310,718]	[0.32%, 0.77%]	[816,644, 1,964,330]
WEST	[0.51%, 5.48%]	[25,784, 277,035]	[0.35%, 2.16%]	[25,647, 156,784]	[0.18%, 0.92%]	[73,888, 377,554]	[0.04%, 0.63%]	[4,962, 76,784]	[0.27%, 0.76%]	[162,515, 461,338]
Alaska	[0.33%, 4.44%]	[143, 1,930]	[0.00%, 3.50%]	[0, 2,345]	[0.21%, 1.09%]	[837, 4,272]	[0.03%, 0.66%]	[26, 616]	[0.31%, 1.10%]	[1,715, 6,085]
Arizona	[0.43%, 5.63%]	[2,040, 26,881]	[0.00%, 4.14%]	[0, 28,838]	[0.14%, 1.28%]	[5,047, 46,633]	[0.03%, 0.44%]	[398, 5,734]	[0.30%, 1.20%]	[16,921, 67,683]
California	[0.54%, 7.01%]	[13,828, 178,759]	[0.14%, 1.25%]	[5,169, 46,288]	[0.12%, 0.89%]	[24,372, 187,926]	[0.00%, 0.70%]	[0, 40,614]	[0.21%, 0.77%]	[64,328, 235,869]
Colorado	[0.68%, 1.60%]	[2,484, 5,849]	[1.08%, 3.09%]	[5,686, 16,305]	[0.35%, 0.68%]	[10,898, 21,338]	[0.00%, 0.11%]	[0, 950]	[0.43%, 0.76%]	[19,372, 34,239]
Hawaii	[1.66%, 2.63%]	[1,330, 2,104]	[0.77%, 2.22%]	[905, 2,604]	[0.51%, 0.81%]	[3,698, 5,928]	[0.26%, 0.62%]	[707, 1,668]	[0.56%, 0.83%]	[6,249, 9,262]
Idaho	[0.20%, 2.85%]	[261, 3,737]	[0.22%, 1.62%]	[362, 2,632]	[0.25%, 0.77%]	[2,249, 6,823]	[0.09%, 0.62%]	[262, 1,797]	[0.33%, 0.72%]	[4,414, 9,631]
Montana	[0.21%, 3.00%]	[137, 1,997]	[0.08%, 1.32%]	[76, 1,334]	[0.31%, 0.64%]	[1,652, 3,378]	[0.04%, 0.22%]	[87, 464]	[0.29%, 0.54%]	[2,440, 4,543]
Nevada	[0.93%, 2.40%]	[1,844, 4,746]	[0.00%, 1.96%]	[0, 4,932]	[0.16%, 0.53%]	[2,642, 8,772]	[0.00%, 0.09%]	[0, 466]	[0.16%, 0.52%]	[3,823, 12,425]
New Mexico	[0.71%, 9.49%]	[989, 13,308]	[0.00%, 1.74%]	[0, 3,460]	[0.16%, 1.08%]	[1,628, 11,274]	[0.00%, 1.46%]	[0, 5,537]	[0.31%, 1.03%]	[5,032, 16,718]
Oregon	[0.31%, 4.21%]	[778, 10,451]	[0.40%, 5.77%]	[1,457, 21,059]	[0.13%, 2.07%]	[2,897, 45,955]	[0.09%, 1.44%]	[671, 11,073]	[0.15%, 2.33%]	[50, 781]
Utah	[0.22%, 3.02%]	[568, 7,700]	[0.71%, 1.98%]	[2,563, 7,142]	[0.31%, 0.63%]	[4,848, 9,763]	[0.25%, 0.62%]	[899, 2,270]	[0.45%, 0.75%]	[10,244, 17,073]
Washington	[0.29%, 4.06%]	[1,325, 18,761]	[1.41%, 2.62%]	[9,262, 17,293]	[0.31%, 0.51%]	[12,818, 20,840]	[0.15%, 0.37%]	[1,841, 4,471]	[0.46%, 0.65%]	[27,386, 38,698]
Wyoming	[0.15%, 2.13%]	[56, 814]	[0.30%, 4.58%]	[167, 2,553]	[0.10%, 1.61%]	[302, 4,652]	[0.07%, 1.13%]	[71, 1,124]	[0.12%, 1.88%]	[540, 8,330]
MIDWEST	[0.49%, 3.67%]	[21,739, 161,975]	[0.42%, 2.32%]	[26,559, 148,216]	[0.19%, 0.54%]	[67,789, 188,624]	[0.11%, 0.45%]	[12,382, 52,130]	[0.27%, 0.65%]	[144,115, 344,082]
Illinois	[0.46%, 5.85%]	[3,836, 48,306]	[0.42%, 3.46%]	[4,811, 39,925]	[0.11%, 0.38%]	[7,446, 25,144]	[0.07%, 0.40%]	[1,407, 8,217]	[0.24%, 0.64%]	[23,656, 63,082]
Indiana	[0.24%, 3.42%]	[1,097, 15,534]	[0.44%, 1.92%]	[2,946, 12,738]	[0.28%, 0.61%]	[9,528, 20,945]	[0.12%, 0.43%]	[1,270, 4,662]	[0.35%, 0.65%]	[18,068, 33,554]
Iowa	[0.29%, 3.91%]	[586, 7,805]	[0.15%, 0.75%]	[468, 2,364]	[0.19%, 0.38%]	[2,947, 5,947]	[0.11%, 0.35%]	[584, 1,913]	[0.21%, 0.37%]	[5,112, 9,006]
Kansas	[0.28%, 3.90%]	[559, 7,841]	[1.15%, 2.70%]	[3,395, 8,011]	[0.24%, 0.46%]	[3,453, 6,577]	[0.21%, 0.47%]	[993, 2,234]	[0.42%, 0.68%]	[9,294, 15,048]
Michigan	[1.02%, 1.79%]	[6,432, 11,316]	[0.00%, 2.27%]	[33, 21,458]	[0.11%, 0.65%]	[5,797, 33,300]	[0.00%, 0.32%]	[0, 5,577]	[0.19%, 0.64%]	[14,909, 50,221]

STATE	13-17		18-24		25-64		65+		ALL ADULTS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
Minnesota	[0.25%, 3.32%]	[934, 12,413]	[1.16%, 2.08%]	[5,675, 10,182]	[0.42%, 0.62%]	[12,268, 18,075]	[0.22%, 0.42%]	[2,028, 3,831]	[0.52%, 0.69%]	[22,541, 29,910]
Missouri	[0.20%, 2.70%]	[778, 10,548]	[0.00%, 2.08%]	[0, 11,667]	[0.00%, 0.16%]	[0, 5,189]	[0.05%, 0.62%]	[480, 6,555]	[0.02%, 0.39%]	[954, 18,595]
Nebraska	[0.25%, 3.47%]	[324, 4,561]	[0.30%, 4.35%]	[561, 8,234]	[0.09%, 1.52%]	[909, 14,575]	[0.07%, 1.13%]	[224, 3,537]	[0.12%, 1.80%]	[1,694, 26,346]
North Dakota	[0.30%, 4.32%]	[127, 1,842]	[0.25%, 3.93%]	[204, 3,144]	[0.09%, 1.43%]	[347, 5,489]	[0.06%, 1.02%]	[76, 1,229]	[0.11%, 1.69%]	[627, 9,862]
Ohio	[0.30%, 4.31%]	[2,242, 31,883]	[0.62%, 1.66%]	[6,661, 17,749]	[0.33%, 0.57%]	[19,847, 34,509]	[0.22%, 0.48%]	[4,536, 9,844]	[0.40%, 0.61%]	[36,471, 55,618]
South Dakota	[0.24%, 3.21%]	[141, 1,875]	[0.29%, 4.35%]	[238, 3,590]	[0.09%, 1.51%]	[409, 6,536]	[0.07%, 1.12%]	[110, 1,734]	[0.11%, 1.77%]	[757, 11,860]
Wisconsin	[1.29%, 2.21%]	[4,683, 8,050]	[0.29%, 1.68%]	[1,568, 9,155]	[0.16%, 0.41%]	[4,838, 12,337]	[0.07%, 0.27%]	[675, 2,797]	[0.22%, 0.46%]	[10,033, 20,979]
SOUTH	[0.53%, 3.68%]	[42,806, 299,986]	[0.45%, 2.50%]	[51,865, 290,313]	[0.27%, 0.73%]	[176,871, 475,755]	[0.16%, 0.62%]	[33,661, 128,183]	[0.35%, 0.82%]	[343,999, 793,395]
Alabama	[0.30%, 3.99%]	[956, 12,593]	[0.31%, 4.55%]	[1,391, 20,700]	[0.10%, 1.66%]	[2,619, 41,531]	[0.08%, 1.20%]	[657, 10,233]	[0.12%, 1.90%]	[4,667, 72,464]
Arkansas	[0.24%, 3.37%]	[471, 6,712]	[0.00%, 7.89%]	[0, 22,365]	[0.03%, 0.45%]	[392, 6,878]	[0.12%, 1.04%]	[618, 5,458]	[0.17%, 1.20%]	[3,943, 27,831]
Delaware	[0.51%, 1.40%]	[305, 843]	[0.95%, 3.76%]	[796, 3,155]	[0.42%, 0.97%]	[2,077, 4,827]	[0.18%, 0.79%]	[335, 1,501]	[0.58%, 1.10%]	[4,465, 8,468]
District of Columbia	[0.46%, 9.29%]	[130, 2,603]	[0.54%, 8.51%]	[392, 6,156]	[0.18%, 3.14%]	[773, 13,125]	[0.14%, 2.20%]	[121, 1,927]	[0.22%, 3.67%]	[1,286, 21,207]
Florida	[0.97%, 1.67%]	[11,898, 20,515]	[0.33%, 2.23%]	[5,791, 39,269]	[0.32%, 0.67%]	[34,691, 73,562]	[0.25%, 0.58%]	[11,041, 26,257]	[0.40%, 0.70%]	[68,989, 120,730]
Georgia	[0.32%, 4.54%]	[2,307, 32,790]	[0.38%, 2.10%]	[3,869, 21,625]	[0.30%, 0.67%]	[16,445, 37,242]	[0.32%, 0.89%]	[4,878, 13,621]	[0.43%, 0.77%]	[34,896, 62,489]
Kentucky	[0.18%, 2.68%]	[517, 7,813]	[0.31%, 4.83%]	[1,300, 20,252]	[0.11%, 1.72%]	[2,505, 39,533]	[0.09%, 1.32%]	[653, 9,997]	[0.13%, 2.01%]	[4,457, 69,781]
Louisiana	[0.35%, 4.77%]	[1,062, 14,546]	[0.13%, 1.44%]	[550, 6,102]	[0.27%, 0.64%]	[6,464, 15,288]	[0.08%, 0.37%]	[569, 2,776]	[0.29%, 0.59%]	[10,334, 21,025]
Maryland	[1.95%, 2.22%]	[7,507, 8,542]	[0.91%, 2.89%]	[4,803, 15,160]	[0.26%, 0.50%]	[8,264, 16,046]	[0.10%, 0.26%]	[948, 2,506]	[0.37%, 0.65%]	[17,444, 30,644]
Mississippi	[0.31%, 4.52%]	[627, 9,213]	[0.16%, 1.47%]	[463, 4,385]	[0.16%, 0.57%]	[2,411, 8,575]	[0.10%, 0.56%]	[474, 2,746]	[0.25%, 0.58%]	[5,695, 13,211]
North Carolina	[0.36%, 4.69%]	[2,413, 31,369]	[1.42%, 3.50%]	[14,413, 35,472]	[0.52%, 0.95%]	[28,416, 51,386]	[0.31%, 0.75%]	[5,355, 13,123]	[0.68%, 1.05%]	[55,724, 86,044]
Oklahoma	[0.27%, 3.63%]	[691, 9,438]	[1.36%, 3.68%]	[5,236, 14,186]	[0.30%, 0.58%]	[6,038, 11,532]	[0.06%, 0.32%]	[381, 1,999]	[0.46%, 0.80%]	[13,830, 24,053]
South Carolina	[0.30%, 4.28%]	[975, 13,788]	[0.25%, 1.50%]	[1,186, 7,093]	[0.23%, 0.63%]	[6,084, 16,683]	[0.23%, 0.53%]	[2,186, 4,932]	[0.32%, 0.62%]	[12,923, 25,038]
Tennessee	[0.19%, 2.79%]	[822, 11,816]	[0.07%, 3.84%]	[410, 24,084]	[0.18%, 0.70%]	[6,535, 25,020]	[0.00%, 0.18%]	[0, 2,086]	[0.25%, 0.78%]	[13,296, 41,484]

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STATE	13-17		18-24		25-64		65+		ALL ADULTS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
Texas	[0.37%, 5.07%]	[7,732, 106,687]	[0.27%, 1.15%]	[7,577, 32,579]	[0.26%, 0.57%]	[38,793, 85,989]	[0.08%, 0.55%]	[3,139, 20,418]	[0.30%, 0.56%]	[64,803, 120,966]
Virginia	[0.80%, 1.55%]	[4,225, 8,149]	[0.40%, 1.82%]	[3,198, 14,624]	[0.28%, 0.53%]	[12,515, 23,842]	[0.15%, 0.54%]	[2,009, 7,290]	[0.35%, 0.60%]	[23,377, 40,074]
West Virginia	[0.16%, 2.47%]	[168, 2,569]	[0.32%, 2.05%]	[489, 3,107]	[0.20%, 0.51%]	[1,851, 4,696]	[0.08%, 0.36%]	[299, 1,316]	[0.27%, 0.55%]	[3,870, 7,884]
NORTHEAST	[1.14%, 3.10%]	[38,504, 104,777]	[0.53%, 2.78%]	[26,831, 141,561]	[0.27%, 0.74%]	[80,717, 218,410]	[0.14%, 0.55%]	[13,818, 53,622]	[0.37%, 0.82%]	[166,015, 365,516]
Connecticut	[0.44%, 5.87%]	[980, 13,222]	[0.54%, 2.15%]	[1,882, 7,435]	[0.31%, 0.59%]	[5,789, 10,968]	[0.20%, 0.55%]	[1,267, 3,475]	[0.40%, 0.68%]	[11,351, 19,297]
Maine	[1.39%, 1.80%]	[1,021, 1,322]	[0.36%, 5.00%]	[386, 5,407]	[0.12%, 1.87%]	[849, 13,159]	[0.09%, 1.28%]	[254, 3,679]	[0.14%, 2.03%]	[1,489, 22,246]
Massachusetts	[0.38%, 5.36%]	[1,571, 21,958]	[0.69%, 3.90%]	[4,792, 26,922]	[0.20%, 0.68%]	[7,444, 24,975]	[0.12%, 0.81%]	[1,411, 9,457]	[0.41%, 0.93%]	[22,723, 51,543]
New Hampshire	[0.22%, 3.01%]	[177, 2,414]	[0.36%, 5.78%]	[443, 7,157]	[0.12%, 1.90%]	[877, 13,793]	[0.09%, 1.38%]	[225, 3,478]	[0.14%, 2.21%]	[1,545, 24,427]
New Jersey	[0.19%, 1.15%]	[1,056, 6,521]	[0.31%, 3.03%]	[2,356, 22,910]	[0.22%, 0.83%]	[10,185, 39,143]	[0.16%, 0.59%]	[2,433, 8,681]	[0.36%, 0.88%]	[25,018, 61,156]
New York	[2.28%, 3.72%]	[26,448, 43,209]	[0.79%, 1.96%]	[13,832, 34,452]	[0.37%, 0.55%]	[37,926, 57,554]	[0.19%, 0.43%]	[6,302, 14,018]	[0.43%, 0.62%]	[66,374, 95,703]
Pennsylvania	[0.78%, 1.82%]	[5,987, 14,014]	[0.16%, 2.84%]	[1,818, 32,295]	[0.22%, 0.79%]	[14,634, 52,649]	[0.07%, 0.40%]	[1,617, 9,626]	[0.31%, 0.79%]	[31,543, 80,383]
Rhode Island	[1.32%, 2.54%]	[828, 1,593]	[0.95%, 3.28%]	[1,043, 3,613]	[0.35%, 0.73%]	[1,977, 4,096]	[0.07%, 0.35%]	[139, 647]	[0.47%, 0.85%]	[4,029, 7,286]
Vermont	[1.21%, 1.45%]	[435, 524]	[0.43%, 2.10%]	[279, 1,371]	[0.32%, 0.65%]	[1,036, 2,073]	[0.14%, 0.45%]	[169, 560]	[0.38%, 0.68%]	[1,942, 3,475]

Table A5. 95% Credible Intervals for regional and state-level estimates of adults who identify as transgender in the U.S. by race/ethnicity

STATE	WHITE		BLACK		ASIAN		LATINX		ALL OTHER RACE/ETHNICITY GROUPS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
United States	[0.28%, 0.72%]	[450,300, 1,151,079]	[0.36%, 0.84%]	[110,698, 258,977]	[0.31%, 0.74%]	[47,451, 113,294]	[0.41%, 1.00%]	[172,709, 420,079]	[0.58%, 1.42%]	[40,459, 98,207]
WEST	[0.24%, 0.76%]	[77,004, 243,246]	[0.25%, 0.81%]	[6,967, 22,361]	[0.25%, 0.74%]	[17,511, 51,508]	[0.33%, 1.12%]	[53,629, 184,482]	[0.49%, 1.45%]	[12,378, 37,047]
Alaska	[0.12%, 1.92%]	[855, 3,045]	[0.17%, 2.68%]	[57, 202]	[0.17%, 2.59%]	[144, 501]	[0.19%, 2.90%]	[133, 459]	[0.49%, 1.76%]	[526, 1,878]
Arizona	[0.13%, 2.03%]	[7,583, 31,021]	[0.17%, 2.54%]	[708, 2,866]	[0.16%, 2.40%]	[555, 2,252]	[0.24%, 3.49%]	[6,590, 25,602]	[0.47%, 1.89%]	[1,485, 5,942]
California	[0.10%, 1.58%]	[19,339, 69,353]	[0.13%, 2.03%]	[3,503, 12,883]	[0.12%, 1.85%]	[9,258, 32,861]	[0.17%, 2.76%]	[29,094, 109,835]	[0.33%, 1.15%]	[3,135, 10,936]
Colorado	[0.13%, 2.02%]	[11,741, 20,909]	[0.15%, 2.45%]	[744, 1,376]	[0.16%, 2.36%]	[691, 1,201]	[0.22%, 3.28%]	[5,262, 9,172]	[0.76%, 1.28%]	[934, 1,581]
Hawaii	[0.13%, 1.97%]	[1,152, 1,675]	[0.15%, 2.34%]	[104, 155]	[0.15%, 2.34%]	[2,815, 4,269]	[0.20%, 3.09%]	[654, 946]	[0.86%, 1.25%]	[1,524, 2,216]
Idaho	[0.11%, 1.76%]	[3,357, 7,392]	[0.16%, 2.47%]	[29, 63]	[0.12%, 1.94%]	[60, 137]	[0.19%, 2.82%]	[746, 1,555]	[0.53%, 1.16%]	[223, 484]
Montana	[0.09%, 1.50%]	[1,968, 3,707]	[0.15%, 2.12%]	[16, 28]	[0.10%, 1.50%]	[19, 35]	[0.17%, 2.43%]	[131, 225]	[0.49%, 0.88%]	[305, 548]
Nevada	[0.10%, 1.52%]	[1,547, 5,032]	[0.13%, 1.93%]	[352, 1,111]	[0.11%, 1.74%]	[329, 1,052]	[0.17%, 2.71%]	[1,352, 4,451]	[0.26%, 0.82%]	[243, 778]
New Mexico	[0.12%, 1.83%]	[1,483, 5,024]	[0.15%, 2.45%]	[97, 338]	[0.14%, 2.18%]	[80, 271]	[0.19%, 2.83%]	[2,671, 8,773]	[0.45%, 1.48%]	[701, 2,313]
Oregon	[0.13%, 2.06%]	[3,463, 53,887]	[0.16%, 2.53%]	[93, 1,454]	[0.16%, 2.51%]	[276, 4,275]	[0.22%, 3.47%]	[836, 12,993]	[0.25%, 3.91%]	[357, 5,477]
Utah	[0.13%, 2.07%]	[7,306, 12,214]	[0.17%, 2.47%]	[114, 181]	[0.17%, 2.58%]	[412, 677]	[0.21%, 3.15%]	[1,855, 3,035]	[0.78%, 1.36%]	[556, 966]
Washington	[0.12%, 1.87%]	[16,788, 23,459]	[0.15%, 2.36%]	[1,144, 1,604]	[0.15%, 2.18%]	[2,868, 3,884]	[0.20%, 3.33%]	[4,228, 6,304]	[0.81%, 1.18%]	[2,358, 3,447]
Wyoming	[0.11%, 1.71%]	[422, 6,526]	[0.15%, 2.32%]	[6, 100]	[0.15%, 2.36%]	[6, 92]	[0.19%, 2.87%]	[76, 1,132]	[0.22%, 3.36%]	[31, 480]
MIDWEST	[0.25%, 0.60%]	[103,416, 245,223]	[0.29%, 0.68%]	[15,082, 35,880]	[0.30%, 0.70%]	[5,418, 12,613]	[0.38%, 0.95%]	[13,844, 34,444]	[0.54%, 1.35%]	[6,356, 15,921]
Illinois	[0.10%, 1.60%]	[13,094, 35,165]	[0.12%, 1.95%]	[3,432, 9,223]	[0.11%, 1.70%]	[1,283, 3,432]	[0.16%, 2.51%]	[5,044, 13,364]	[0.49%, 1.16%]	[802, 1,898]
Indiana	[0.12%, 1.75%]	[13,594, 25,148]	[0.13%, 2.11%]	[1,727, 3,333]	[0.15%, 2.27%]	[541, 1,007]	[0.18%, 2.65%]	[1,547, 2,778]	[0.70%, 1.37%]	[658, 1,288]
Iowa	[0.08%, 1.20%]	[4,140, 7,333]	[0.11%, 1.59%]	[235, 398]	[0.10%, 1.56%]	[154, 271]	[0.14%, 2.10%]	[430, 742]	[0.42%, 0.71%]	[152, 261]
Kansas	[0.12%, 1.83%]	[6,458, 10,452]	[0.15%, 2.33%]	[559, 944]	[0.15%, 2.40%]	[300, 510]	[0.21%, 3.07%]	[1,447, 2,269]	[0.77%, 1.26%]	[530, 873]

STATE	WHITE		BLACK		ASIAN		LATINX		ALL OTHER RACE/ETHNICITY GROUPS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
Michigan	[0.10%, 1.58%]	[10,596, 35,680]	[0.12%, 1.89%]	[2,129, 7,240]	[0.12%, 1.82%]	[528, 1,765]	[0.16%, 2.50%]	[960, 3,234]	[0.36%, 1.19%]	[697, 2,302]
Minnesota	[0.14%, 2.10%]	[16,873, 22,434]	[0.18%, 2.73%]	[1,510, 1,961]	[0.18%, 2.76%]	[1,281, 1,734]	[0.23%, 3.46%]	[1,510, 2,009]	[1.08%, 1.40%]	[1,368, 1,772]
Missouri	[0.08%, 1.40%]	[723, 14,324]	[0.10%, 1.59%]	[121, 2,219]	[0.10%, 1.57%]	[24, 449]	[0.13%, 2.06%]	[49, 930]	[0.04%, 0.70%]	[36, 674]
Nebraska	[0.10%, 1.63%]	[1,238, 19,344]	[0.13%, 2.14%]	[88, 1,393]	[0.13%, 2.12%]	[49, 784]	[0.18%, 2.74%]	[246, 3,692]	[0.22%, 3.41%]	[74, 1,134]
North Dakota	[0.10%, 1.54%]	[492, 7,765]	[0.12%, 1.92%]	[18, 291]	[0.15%, 2.27%]	[17, 257]	[0.19%, 2.87%]	[39, 596]	[0.17%, 2.73%]	[61, 952]
Ohio	[0.12%, 1.87%]	[27,892, 42,266]	[0.14%, 2.15%]	[4,542, 7,125]	[0.13%, 2.11%]	[859, 1,414]	[0.18%, 2.78%]	[1,689, 2,593]	[0.82%, 1.22%]	[1,488, 2,220]
South Dakota	[0.10%, 1.59%]	[575, 9,025]	[0.13%, 2.00%]	[18, 276]	[0.15%, 2.36%]	[14, 225]	[0.16%, 2.47%]	[34, 522]	[0.20%, 3.14%]	[115, 1,812]
Wisconsin	[0.09%, 1.39%]	[7,739, 16,287]	[0.12%, 1.83%]	[704, 1,475]	[0.12%, 1.90%]	[367, 764]	[0.14%, 2.15%]	[850, 1,717]	[0.42%, 0.83%]	[374, 736]
SOUTH	[0.30%, 0.76%]	[174,367, 433,893]	[0.38%, 0.90%]	[68,709, 161,966]	[0.35%, 0.72%]	[12,221, 25,405]	[0.46%, 0.88%]	[73,399, 140,419]	[0.67%, 1.40%]	[15,303, 31,712]
Alabama	[0.11%, 1.75%]	[2,918, 44,892]	[0.13%, 2.08%]	[1,307, 20,777]	[0.11%, 1.85%]	[60, 970]	[0.18%, 2.77%]	[236, 3,612]	[0.21%, 3.14%]	[145, 2,213]
Arkansas	[0.14%, 2.17%]	[2,728, 19,259]	[0.16%, 2.49%]	[625, 4,448]	[0.18%, 2.73%]	[83, 580]	[0.22%, 3.39%]	[362, 2,534]	[0.28%, 1.95%]	[146, 1,009]
Delaware	[0.17%, 2.54%]	[2,553, 4,789]	[0.20%, 3.16%]	[999, 1,931]	[0.17%, 2.79%]	[162, 318]	[0.29%, 4.64%]	[545, 1,051]	[1.26%, 2.33%]	[205, 379]
District of Columbia	[0.18%, 3.08%]	[426, 7,167]	[0.24%, 3.89%]	[586, 9,573]	[0.23%, 4.23%]	[61, 1,102]	[0.27%, 4.35%]	[157, 2,516]	[0.35%, 5.32%]	[55, 850]
Florida	[0.12%, 1.87%]	[32,116, 58,022]	[0.15%, 2.39%]	[10,771, 19,025]	[0.14%, 2.18%]	[1,978, 3,461]	[0.18%, 2.60%]	[21,699, 36,102]	[0.73%, 1.24%]	[2,424, 4,121]
Georgia	[0.13%, 2.05%]	[16,907, 30,596]	[0.15%, 2.33%]	[11,308, 19,835]	[0.15%, 2.23%]	[1,474, 2,590]	[0.21%, 3.27%]	[4,031, 7,398]	[0.78%, 1.37%]	[1,175, 2,069]
Kentucky	[0.12%, 1.92%]	[3,654, 57,354]	[0.14%, 2.19%]	[387, 6,048]	[0.13%, 2.05%]	[72, 1,124]	[0.19%, 2.92%]	[199, 3,055]	[0.28%, 4.24%]	[146, 2,200]
Louisiana	[0.11%, 1.67%]	[5,647, 11,468]	[0.13%, 2.06%]	[3,538, 7,257]	[0.13%, 1.93%]	[189, 375]	[0.15%, 2.36%]	[635, 1,280]	[0.48%, 0.95%]	[325, 646]
Maryland	[0.11%, 1.78%]	[8,104, 14,063]	[0.13%, 2.11%]	[5,198, 9,412]	[0.12%, 1.91%]	[1,079, 1,893]	[0.19%, 2.91%]	[2,298, 3,977]	[0.64%, 1.08%]	[764, 1,298]
Mississippi	[0.10%, 1.53%]	[3,002, 7,046]	[0.12%, 1.81%]	[2,273, 5,204]	[0.11%, 1.74%]	[54, 131]	[0.16%, 2.53%]	[222, 511]	[0.47%, 1.04%]	[144, 319]
North Carolina	[0.18%, 2.71%]	[32,262, 49,657]	[0.22%, 3.41%]	[12,387, 19,794]	[0.20%, 3.08%]	[1,645, 2,554]	[0.30%, 4.41%]	[6,406, 9,643]	[1.27%, 1.84%]	[3,024, 4,397]
Oklahoma	[0.13%, 2.09%]	[7,960, 14,042]	[0.16%, 2.36%]	[961, 1,623]	[0.17%, 2.55%]	[343, 584]	[0.22%, 3.48%]	[1,749, 3,065]	[0.72%, 1.21%]	[2,818, 4,739]
South Carolina	[0.11%, 1.64%]	[7,647, 14,681]	[0.13%, 2.10%]	[3,701, 7,334]	[0.12%, 1.86%]	[229, 442]	[0.18%, 2.70%]	[916, 1,759]	[0.63%, 1.21%]	[430, 823]

How Many Adults and Youth Identify as Transgender in the United States? | 25

STATE	WHITE		BLACK		ASIAN		LATINX		ALL OTHER RACE/ETHNICITY GROUPS	
	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]	PERCENT [LB, UB]	NUMBER [LB, UB]
Tennessee	[0.12%, 1.90%]	[9,335, 29,154]	[0.14%, 2.29%]	[2,312, 7,483]	[0.13%, 2.15%]	[257, 817]	[0.21%, 3.07%]	[952, 2,757]	[0.48%, 1.39%]	[440, 1,274]
Texas	[0.09%, 1.40%]	[22,375, 41,846]	[0.11%, 1.73%]	[7,461, 13,921]	[0.10%, 1.61%]	[2,997, 5,679]	[0.15%, 2.30%]	[30,120, 56,217]	[0.48%, 0.85%]	[1,850, 3,304]
Virginia	[0.11%, 1.66%]	[13,200, 22,700]	[0.13%, 1.95%]	[4,747, 7,973]	[0.11%, 1.85%]	[1,506, 2,721]	[0.17%, 2.62%]	[2,811, 4,811]	[0.69%, 1.15%]	[1,113, 1,869]
West Virginia	[0.10%, 1.58%]	[3,532, 7,157]	[0.10%, 1.75%]	[148, 328]	[0.10%, 1.60%]	[30, 66]	[0.14%, 2.25%]	[62, 132]	[0.52%, 1.07%]	[99, 202]
NORTHEAST	[0.32%, 0.77%]	[95,512, 228,717]	[0.41%, 0.80%]	[19,939, 38,770]	[0.41%, 0.79%]	[12,302, 23,768]	[0.54%, 1.03%]	[31,838, 60,733]	[0.69%, 1.44%]	[6,423, 13,528]
Connecticut	[0.12%, 1.84%]	[6,772, 11,623]	[0.15%, 2.35%]	[1,234, 2,130]	[0.14%, 2.14%]	[546, 909]	[0.19%, 2.93%]	[2,380, 3,936]	[0.72%, 1.21%]	[419, 700]
Maine	[0.13%, 1.95%]	[1,350, 20,093]	[0.16%, 2.39%]	[19, 295]	[0.18%, 2.88%]	[25, 399]	[0.20%, 3.13%]	[34, 526]	[0.25%, 3.89%]	[60, 933]
Massachusetts	[0.15%, 2.32%]	[14,764, 33,486]	[0.18%, 2.86%]	[1,697, 3,818]	[0.18%, 2.80%]	[1,696, 3,831]	[0.24%, 3.79%]	[3,514, 8,027]	[0.72%, 1.64%]	[1,052, 2,382]
New Hampshire	[0.13%, 2.13%]	[1,344, 21,355]	[0.16%, 2.52%]	[22, 342]	[0.15%, 2.28%]	[45, 683]	[0.22%, 3.36%]	[83, 1,251]	[0.30%, 4.48%]	[53, 796]
New Jersey	[0.12%, 1.90%]	[12,037, 29,622]	[0.15%, 2.41%]	[3,455, 8,423]	[0.13%, 2.11%]	[2,255, 5,651]	[0.19%, 2.98%]	[6,451, 15,533]	[0.65%, 1.53%]	[819, 1,927]
New York	[0.11%, 1.79%]	[32,028, 46,924]	[0.14%, 2.16%]	[9,675, 13,955]	[0.14%, 2.17%]	[6,346, 8,788]	[0.18%, 2.73%]	[15,592, 22,256]	[0.75%, 1.04%]	[2,733, 3,780]
Pennsylvania	[0.13%, 1.95%]	[22,840, 57,720]	[0.15%, 2.41%]	[3,566, 9,310]	[0.14%, 2.31%]	[1,191, 3,135]	[0.20%, 3.13%]	[2,948, 7,707]	[0.59%, 1.50%]	[998, 2,511]
Rhode Island	[0.14%, 2.19%]	[2,641, 4,781]	[0.18%, 2.76%]	[245, 449]	[0.18%, 2.90%]	[163, 311]	[0.22%, 3.36%]	[773, 1,385]	[0.83%, 1.45%]	[206, 359]
Vermont	[0.13%, 2.05%]	[1,735, 3,114]	[0.16%, 2.69%]	[26, 48]	[0.14%, 2.20%]	[34, 60]	[0.22%, 3.58%]	[63, 113]	[0.77%, 1.29%]	[84, 141]

Note: White, Black, and Asian are non-Hispanic. The Latinx category includes Hispanic and Latinx people of any race. All other race/ethnicity groups are non-Hispanic.

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

**Susan Neese, M.D; James Hurly,
M.D.; and Jeffrey Barke, M.D., on
behalf of themselves and others similarly
situated,**

Plaintiffs,

v.

**Xavier Becerra, in his official capacity as
Secretary of Health and Human
Services; United States of America,**

Defendants.

Case No. 2:21-cv-00163-Z

**PLAINTIFF JAMES HURLY'S ANSWERS TO FIRST SET OF
INTERROGATORIES**

INTERROGATORY NO. 1 (To all Plaintiffs): Describe your medical practice, including areas of specialization, services that you perform, the age range of patients treated, and any medical licenses or certifications.

ANSWER: I am a community-based pathologist, certified in anatomic and clinical pathology. My specialty involves rendering diagnoses in all branches of medicine based on sampling of body fluids and tissues. This encompasses all areas of the clinical laboratory, including blood bank, immunology, hematology, clinical chemistry, and microbiology. I spend most of my time rendering pathologic diagnoses based on microscopic analysis. The age range that I treat is newborns up to patients in their 90s. I am a medical doctor with an M.D. degree and a diplomate of the American Board of Pathology. I am licensed to practice by the Texas Medical Board.

INTERROGATORY NO. 2 (To all Plaintiffs): Describe any instances in which you have treated a transgender patient or a patient suffering from gender dysphoria,

including the patient's age, the services you provided to the patient, whether you refused to provide any services that the patient requested, and if so, why you refused to provide those services.

ANSWER: I do not directly treat patients. As a pathologist, I analyze lab work to confirm a patient's diagnosis for their treating physician.

INTERROGATORY NO. 3 (To all Plaintiffs): Describe any instances in which you have treated a gay, lesbian, or bisexual patient, including the patient's age, the services you provided to the patient, whether you refused to provide any services that the patient requested, and if so, why you refused to provide those services.

ANSWER: See my answer to Interrogatory No. 2, *supra*.

INTERROGATORY NO. 5 (To all Plaintiffs): Have you ever been asked "to prescribe hormone therapy to minors who are seeking to transition" or "to provide referrals to minors seeking a sex-change operation," including as described in Paragraphs 23 and 31 of the First Amended Complaint? If so, describe any such instances, including whether you provided the requested services, and if not, why you refused to do so.

ANSWER: See my answer to Interrogatory No. 2, *supra*.

INTERROGATORY NO. 6 (To all Plaintiffs): Have you ever been asked "to provide 'gender affirming' care to transgender patients in situations where a patient's denial of biological realities will endanger their life or safety," including as described in Paragraphs 24, 28, and 32 of the First Amended Complaint? If so, describe any such instances including whether you provided the requested services, and if not, why you refused to do so.

ANSWER: See my answer to Interrogatory No. 2, *supra*.

INTERROGATORY NO. 8 (To Dr. Hurly): Describe all instances in which Dr. Hurly "has encountered situations in his medical practice when he must insist that

a patient acknowledge his biological sex rather than the gender identity that he asserts,” including as alleged in Paragraph 27 of the First Amended Complaint.

ANSWER: In my practice, I have encountered situations in which patients have denied a diagnosis, wrongly claiming they cannot have it because they are no longer of a particular gender. For example, my group once diagnosed a biologic male patient with prostate cancer, but the patient refused to accept this diagnosis because he identified as a woman and insisted that he could not have a prostate and that he had a cervix instead. We had to firmly explain to this patient that he was indeed a biologic man with a prostate, and that he needed to seek urgent medical treatment for his prostate cancer.

INTERROGATORY NO. 9 (To Dr. Hurly): Set forth all facts supporting the allegation in Paragraph 29 of the First Amended Complaint that “Dr. Hurly is likely to encounter transgender patients who will deny or dispute their need for health care that corresponds to their biological sex.”

ANSWER: I have already encountered one patient who refused to accept his prostate-cancer diagnosis because he claimed to be a woman and denied that he had a prostate, and insisted that he had a cervix. I expect these types of situations and encounters to not only continue but increase, as recent empirical evidence indicates a sharp rise in the number of young people who identify as transgender. *See Azeen Ghorayshi, Report Reveals Sharp Rise in Transgender Young People in the U.S.*, New York Times (June 10, 2022), <https://nyti.ms/3HdQ6oI> (reporting that “[t]he number of young people who identify as transgender has nearly doubled in recent years”) (attached as Exhibit A); Jody L. Herman, Andrew R. Flores, and Kathryn K. O’Neill, *How Many Adults And Youth Identify As Transgender In The United States?*, The Williams Institute, UCLA School of Law (June 2022) (attached as Exhibit B).

I am ethically obligated to inform biologically male patients with prostate cancer of the fact that they have a prostate, and that they must seek treatment for prostate

cancer. It is unethical to provide so-called gender-affirming care in situations where a patient's denial of biological realities will endanger their life or safety. As more people become accustomed to thinking that they can choose their sex, or have no biological sex at all, it is inevitable that all doctors, myself included, will face these dilemmas more often.

INTERROGATORY NO. 10 (To all Plaintiffs): Have you ever engaged in conduct that you believe would constitute “discrimination on the basis of gender identity” as that phrase is used in the Notification? If so, describe all instances of engaging in such conduct.

ANSWER: I have never engaged in conduct that *I* regard as “discrimination on the basis of gender identity,” because I do not believe that informing a biologic man who has prostate cancer of his urgent need to seek treatment, and contradicting the patient’s belief that he is a woman who lacks a prostate, constitutes “discrimination on the basis of gender identity” or “discrimination on the basis of sex.” I am confident, however, that Secretary Becerra does not share this view, and that he will regard any refusal or unwillingness to affirm a patient’s asserted gender identity as a violation of section 1557, as well as an act that discriminates “on the basis of gender identity.” That is why I am seeking declaratory and injunctive relief against the Secretary.

INTERROGATORY NO. 11 (To all Plaintiffs): Have you ever engaged in conduct that you believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification? If so, describe all instances of engaging in such conduct.

ANSWER: I have never engaged in conduct that I believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification.

INTERROGATORY NO. 12 (To all Plaintiffs): Are there any services that you would refuse to provide to a transgender patient or other conduct you believe

you are likely to engage in with respect to a transgender patient that you believe would constitute “discrimination on the basis of gender identity” as that phrase is used in the Notification? If so, describe such services or conduct.

ANSWER: See my answers to Interrogatories Nos. 2, 5, 8, 9, and 10, *supra*.

INTERROGATORY NO. 13 (To all Plaintiffs): Are there any services that you would refuse to provide to a gay, lesbian, or bisexual patient or other conduct you believe you are likely to engage in with respect to a gay, lesbian, or bisexual patient that you believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification? If so, describe such services or conduct.

ANSWER: There are no services that I would refuse to provide to a gay, lesbian, or bisexual patient, nor is there any other conduct that I would engage in with respect to a gay, lesbian, or bisexual patient, that I believe would constitute “discrimination on the basis of sexual orientation” as that phrase is used in the Notification.

INTERROGATORY NO. 14 (To all Plaintiffs): Have you refused to perform any of the services described in paragraphs 17–19 of the First Amended Complaint (i.e., “refus[ing] to prescribe testosterone hormones to a biological woman who wishes to appear as a man,” “refus[ing] to refer a biological man for a sex-change operation that would remove his penis and testicles,” “refus[ing] to prescribe Truvada or PrEP drugs to homosexual men”)? If so, describe such refusals, including why you refused to provide those services.

ANSWER: No. As a pathologist, I do not directly treat patients, prescribe patient medication, or provide referrals (except on a very limited basis to members of my family). Instead, I analyze lab work to confirm a patient’s diagnosis for their treating physician.

INTERROGATORY NO. 15 (To all Plaintiffs) Would you refuse to perform any of the services described in paragraphs 17–19 of the First Amended Complaint if

a patient asked you to do so? If so, describe what services you would refuse to provide, and why.

ANSWER: The situations described in paragraphs 17–19 of the First Amended Complaint will not arise in my practice, as explained in my answer to Interrogatory No. 14.

INTERROGATORY NO. 16 (To all Plaintiffs): Are there any circumstances in which complying with the legal interpretation set forth in the Notification would substantially burden your exercise of religion? If so, describe such circumstances and why your religious exercise would be substantially burdened.

ANSWER: No. My concerns are entirely medical and professional in nature, not religious.

INTERROGATORY NO. 17 (To all Plaintiffs): Do you contend that the Notification has “induce[d]” you “to provide gender-affirming care even when doing so would violate the Hippocratic Oath or [your] ethical beliefs,” including as alleged in Paragraph 34 of the First Amended Complaint? If so, describe any specific instances of this occurring, including the specific services that you provided that you believe violated the Hippocratic Oath or your ethical beliefs.

ANSWER: No, it hasn’t yet. But I have a reasonable fear that Secretary Becerra will terminate federal funding for my practice and disqualify us from participating in federally funded health programs if I do not unconditionally play along with a patient’s asserted gender identity, such as insisting that a biological man with gender dysphoria has a prostate and needs urgent and immediate treatment for his prostate cancer that I have diagnosed.

Insofar as the Hippocratic oath and my ethical beliefs require me to provide proper diagnosis so as not to harm a patient, the concept of “gender-affirming care” has a very strong potential of requiring me to refrain from assigning the correct diagnosis of a reproductive-organ-specific cancer to a patient who does not identify with

their biological sex and refuses to accept my diagnosis. For example, if I diagnose prostate cancer in a biologic male and this patient refuses to accept that they are male, I may be forced to refrain from correctly diagnosing prostate cancer and may even be forced to diagnose the tumor as something such as endometrial or cervical cancer. So far I have not been specifically requested to do this, but a strong potential exists that I will be requested to do this in the future and will face retaliation from the federal government if I do not.

INTERROGATORY NO. 18 (To all Plaintiffs): Set forth all facts supporting your allegation in Paragraph 41 of the First Amended Complaint that Plaintiffs' claims "are typical of other members of the class, as each of them wishes to preserve the autonomy of their medical practice."

ANSWER: I am suing on behalf of all healthcare providers subject to section 1557 of the Affordable Care Act. My claims are typical because each of the class members, as medical professionals, wishes to provide appropriate and ethical health care to their patients without being countermanded or threatened by federal officials. And the demands of the transgender community to provide so-called gender-affirming care without exception, and Secretary Becerra's efforts to use section 1557 as a tool to impose those demands on every health-care provider that receives federal funds, will on occasion conflict with a health-care provider's duty to act in the best interest of his or her patients. I am suing to protect each of the class members from these competing demands, and in that sense my claims are typical of the other class members.

INTERROGATORY NO. 19 (To all Plaintiffs): Set forth all facts supporting your allegation in Paragraph 42 of the First Amended Complaint that Plaintiffs "adequately represent the interests of the class, and they have no interests antagonistic to" the class.

ANSWER: The relief that we are seeking will not compel any class member to conduct his or her medical practice in any particular manner. It can only increase the autonomy of class members and provide needed clarity on what section 1557 means post-*Bostock* and how it will be enforced under Secretary Becerra's notification and directives. None of the relief that we are seeking will make any member of the class worse off, and the declaratory relief that we requesting can only help class members by clarifying their obligations under federal law.

Respectfully submitted.

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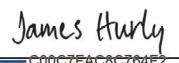
Dated: June 13, 2022

/s/ Jonathan F. Mitchell
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*Counsel for Plaintiffs and
the Proposed Classes*

VERIFICATION

I declare under penalty of perjury that the answers to these interrogatories are true and correct.

DocuSigned by:

C00C7FAC8C704F2...
JAMES HURLY

CERTIFICATE OF SERVICE

I certify that on June 13, 2022, I served this document through e-mail upon:

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Exhibit A

Report Reveals Sharp Rise in Transgender Young People in the U.S.

New estimates based on C.D.C. health surveys point to a stark generational shift in the growth of the transgender population of the United States.

By Azeen Ghorayshi

June 10, 2022

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The number of young people who identify as transgender has nearly doubled in recent years, according to a new report that captures a stark generational shift and emerging societal embrace of a diversity of gender identities.

The analysis, relying on government health surveys conducted from 2017 to 2020, estimated that 1.4 percent of 13- to 17-year-olds and 1.3 percent of 18- to 24-year-olds were transgender, compared with about 0.5 percent of all adults.

Those figures illustrated a significant rise since the researchers' previous report in 2017, though the analyses used different methods.

Experts said that young people increasingly have the language and social acceptance to explore their gender identities, whereas older adults may feel more constrained. But the numbers, which vary widely from state to state, also raise questions about the role of peer influence or the political climate of the community.

“It’s developmentally appropriate for teenagers to explore all facets of their identity — that is what teenagers do,” said Dr. Angela Goepferd, medical director of the Gender Health Program at Children’s Minnesota hospital, who was not involved in the new analysis. “And,

generationally, gender has become a part of someone's identity that is more socially acceptable to explore."

The notion of what it means to live as a transgender person is also shifting. Dr. Goepferd, who is nonbinary, noted that many teenagers would not necessarily want or need hormones or surgeries to transition to another gender, as was typical of older generations.

The surveys, created by the Centers for Disease Control and Prevention, did not ask younger teenagers about nonbinary or other gender identities, which also have been rising in recent years. But nearly one-quarter of the adults in the surveys who said they were transgender identified as "gender nonconforming."

"We as a culture just need to lean into the fact that there is gender diversity among us," Dr. Goepferd said. "And that it doesn't mean that we need to treat it medically in all cases, but it does mean that we as a society need to make space for that."

Although the total estimated number of transgender people was small — around 1.6 million people 13 and up, or about 0.6 percent of the population — trans identification in recent years has become political dynamite, driven in part by the rise in minors seeking medical treatments. Republican legislators across the country have sought to prohibit such care by criminalizing doctors or investigating parents for abuse, which professional medical groups have condemned.

Transgender Estimates by Age

Teenagers and adults under 25 make up an estimated 43 percent of the transgender population.

Ages of teens and adults who are transgender

18.3%	24.4%	46.8%	10.5%
Age 13–17	18–24	25–64	65+

Ages of all teens and adults in the United States

7.6%	11%	61.8%	19.6%
13–17	18–24	25–64	65+

By The New York Times | Source: Williams Institute

The new data were analyzed by researchers at the Williams Institute, a research center at the University of California, Los Angeles law school that produces highly regarded reports on the demographics, behaviors and policy concerns of L.G.B.T.Q. populations in the United States.

The study found people 13 to 25 accounted for a disproportionately largely share of the transgender population. While younger teenagers were just 7.6 percent of the total U.S. population, they made up roughly 18 percent of transgender people. Likewise, 18- to 24-year-olds made up 11 percent of the total population but 24 percent of the transgender population.

Older adults had a disproportionately small share: Though 62 percent of the total population, only 47 percent of transgender people were 25 to 64. And while 20 percent of Americans are over 65, that age group makes up only 10 percent of the total number of transgender people nationwide.

The Williams Institute used data from two national sources: the C.D.C.'s Behavioral Risk Factor Surveillance System, administered to adults across the country, and its Youth Risk Behavior Survey, given in high schools. The surveys, which were either conducted over the phone or in person, collect data on demographics as well as a variety of medical and behavioral information, such as smoking habits, H.I.V. status, nutrition and exercise.

Starting in 2017, the high school survey included an optional question asking if the student was transgender. From 2017 to 2020, 15 states included this question in their high school surveys, while 41 states included the question for adults at least once in that time period.

The Williams Institute used this data, along with statistical modeling of demographic and geographic variables, to arrive at its estimates of the transgender population nationwide.

“It’s important to know that trans people live everywhere in the United States and trans people are a part of communities across the country,” said Jody Herman, senior scholar of public policy at the Williams Institute and the lead author of the report. “We use the best available data, but we need more and better data all the time.”

The U.S. Census Bureau began asking questions about sexual orientation and gender identity only last year, part of a new data collection effort. And even national suicide statistics — important in the study of this vulnerable population — do not have information about sexuality or gender identity.

“There is no one who knows how many trans people or how many gay people or bisexual people died of suicide this past year,” said Amit Paley, head of The Trevor Project, a suicide prevention group that recently released its own report based on social media polling, showing that young L.G.B.T.Q. people had high rates of mental health issues and suicidal thoughts.

"That data does not exist because it is not collected by the government in death records," Mr. Paley said. "It's something we are working to try to change."

When their previous report was published in 2017, the Williams Institute researchers did not have actual survey data for younger teenagers, instead using statistical modeling to extrapolate based on adult data. At the time, they estimated 150,000 transgender teens in the country, or roughly 0.7 percent of teens.

With the inclusion of the new high school survey data added in 2017, that estimate has now doubled to 300,000.

It is not clear whether that jump reflects inaccuracies in the previous estimate, a true increase in the number of transgender adolescents, or both.

"That's the bewildering question of why this is all happening," Dr. Herman said.

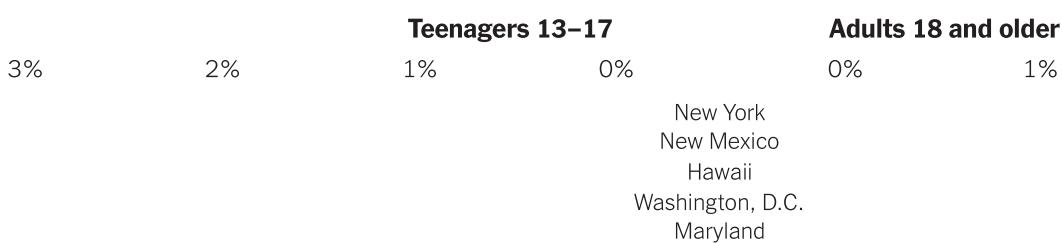
The racial makeup of transgender adults and transgender teens was roughly the same. About half of both groups were white, slightly less than the relative number of white people in the general population, and a disproportionately large number of each group identified as Latino.

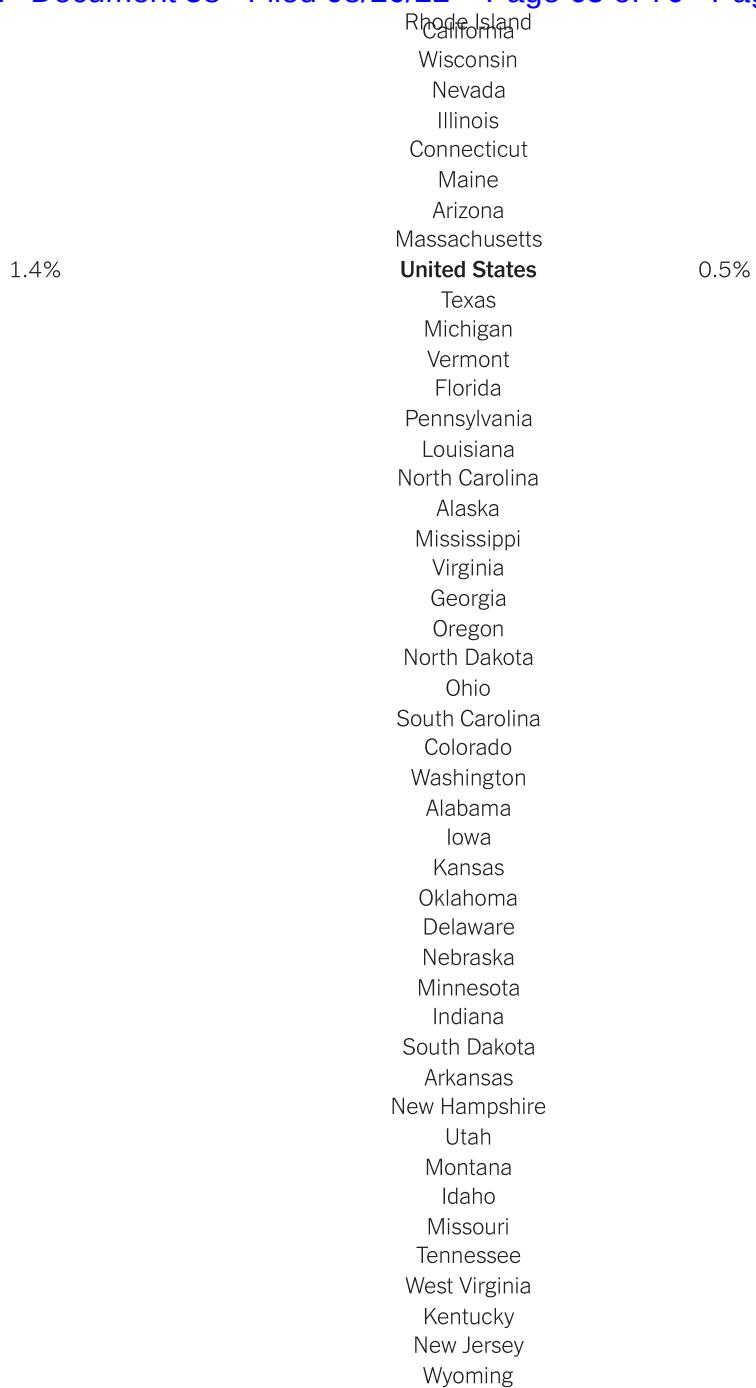
The data also show the distribution of trans people by state. New York has the largest estimated population of transgender teenagers, at 3 percent, whereas Wyoming has the lowest, at 0.6 percent. Transgender adults showed a narrower range, with 0.9 percent of adults identifying as transgender in North Carolina and 0.2 percent in Missouri.

The adolescent numbers were based on surveys collected in 15 states: Colorado, Delaware, Florida, Hawaii, Maryland, Maine, Michigan, New Jersey, Nevada, New York, Pennsylvania, Rhode Island, Virginia, Vermont and Wisconsin. The researchers then used that survey data to create a model of how state and individual characteristics affect the probability of being transgender. Using that model, along with demographic data from the census, they made estimates for the other 35 states and Washington, D.C.

Transgender Estimates by State

An estimated 1.6 million teenagers and adults in the United States are transgender.





By The New York Times | Source: Williams Institute. Estimates based on government surveys of high school students (15 states) and adults (41 states).

Experts who work with transgender teenagers agreed that certain social factors would unquestionably play a role in their identities, just as they did decades ago when gay and lesbian people were coming out in large numbers for the first time.

“It signifies a new confidence among a new generation to be authentic in their gender identity,” said Phillip Hammack, a professor of psychology and director of the Sexual and Gender Diversity Lab at the University of California, Santa Cruz. “I think we did see

something very similar — we just maybe didn't have the exact numbers to back it up — as we saw more visibility around labeling oneself as gay, lesbian, bisexual back in the nineties.”

Recent Gallup polling data also analyzed by the Williams Institute shows that young adults also make up a disproportionately large part of the total L.G.B.T.Q. population in the United States, which similarly varies state to state.

Social media has been a significant catalyst for teenagers questioning their gender identities today.

“I think a big part of it is definitely the internet,” said Indigo Giles, a 20-year-old college student in Austin who has protested against the state of Texas’ abuse investigations of parents of transgender children.

Mx. Giles said they realized they were nonbinary after finding a community of like-minded people on Tumblr. “People who have maybe been having these feelings for a long time, but haven’t had the words to put to them, finally can see, in such a readily accessible way, others that feel the same,” they said.

And conversely, it may be much more difficult for older people to explore their gender identities later in life.

Dr. Hammack described a person he interviewed who talked about how difficult it was to come out as nonbinary in their fifties because “we look around, and everybody’s so young.” And others who identified as masculine or butch lesbians, he said, have told him, “If I was that young, maybe I would have gone down that path, but it wasn’t available.”

Dr. Goepferd, of Children’s Hospital Minnesota, pointed to another possible reason for the smaller proportion of older transgender people: Because of lower access to health care, along with high rates of H.I.V., violence and suicide, transgender people are more likely to die at younger ages.

“The harsh reality is we don’t have trans elders because they didn’t survive,” they said.

Exhibit B

RESEARCH THAT MATTERS

HOW MANY ADULTS AND YOUTH IDENTIFY AS TRANSGENDER IN THE UNITED STATES?

June 2022

Jody L. Herman
Andrew R. Flores
Kathryn K. O'Neill

EXECUTIVE SUMMARY

Recent data from the CDC's Behavior Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS) provide an opportunity to update prior population estimates of the number of adults and youth who identify as transgender in the U.S. In 2016 and 2017, the Williams Institute used data from the 2014-15 BRFSS to estimate the number of adults (ages 18 and older) and youth (ages 13 to 17) who identify as transgender. Since then, a total of 43 states have used the BRFSS optional gender identity module for at least one year, providing more years of data from more states since these initial estimates. Additionally, in 2017, the YRBS, a national survey of high school students, began asking respondents if they are transgender. Since 2017, fifteen states have included this question in their YRBS statewide questionnaire. In this study, we use data from the 2017 and 2019 YRBS and the 2017-2020 BRFSS to find that:

- Over 1.6 million adults (ages 18 and older) and youth (ages 13 to 17) identify as transgender in the United States, or 0.6% of those ages 13 and older.
- Among U.S. adults, 0.5% (about 1.3 million adults) identify as transgender. Among youth ages 13 to 17 in the U.S., 1.4% (about 300,000 youth) identify as transgender.
- Of the 1.3 million adults who identify as transgender, 38.5% (515,200) are transgender women, 35.9% (480,000) are transgender men, and 25.6% (341,800) reported they are gender nonconforming.
- Research shows transgender individuals are younger on average than the U.S. population. We find that youth ages 13 to 17 are significantly more likely to identify as transgender (1.4%) than adults ages 65 or older (0.3%).
- The racial/ethnic distribution of youth and adults who identify as transgender appears generally similar to the U.S. population, though our estimates mirror prior research that found transgender youth and adults are more likely to report being Latinx and less likely to report being White compared to the U.S. population.
- Our estimates of the percent of residents in U.S. regions who identify as transgender range from 1.8% in the Northeast to 1.2% in the Midwest for youth ages 13 to 17, and range from 0.6% in the Northeast to 0.4% in the Midwest for adults.
- At the state level, our estimates range from 3.0% of youth ages 13 to 17 identifying as transgender in New York to 0.6% in Wyoming. Our estimates for the percentage of adults who identify as transgender range from 0.9% in North Carolina to 0.2% in Missouri.

Overall, based on our estimates from 2016-2017 and the current report, we find that the percentage and number of adults who identify as transgender has remained steady over time. The availability of the YRBS data has given us a more direct look into youth gender identity and provides better data than was previously available to us for estimating the size and characteristics of the youth population. Youth ages 13 to 17 comprise a larger share of the transgender-identified population than we previously estimated, currently comprising about 18% of the transgender-identified population in the U.S., up from 10% previously.

INTRODUCTION

A growing number of population-based surveys in the United States, and internationally, ask questions to identify transgender people, including surveys conducted by the U.S. federal government.¹ In 2014, the Centers for Disease Control and Prevention (CDC) began offering an optional module on the Behavior Risk Factor Surveillance System (BRFSS) for states to use to ask respondents if they consider themselves to be transgender.² In 2016, the National Crime Victimization Survey (NCVS) included a two-step approach to identify those whose gender identity differs from their sex assigned at birth.³ In 2017, the CDC's Youth Risk Behavior Survey (YRBS), a national survey of high school students, began asking respondents if they are transgender.⁴ In July 2021, the U.S. Census Bureau's Household Pulse Survey adopted the two-step approach.⁵ Internationally, Canada added the two-step approach to their national census in 2021, while Belgium and New Zealand have also included measures to identify transgender people in population-based surveys.⁶

With new and emerging data sources, like the NCVS and Household Pulse Survey, researchers will have new opportunities to expand our knowledge about the characteristics and experiences of the transgender population. In the U.S., we have found from the NCVS that transgender people are more likely to experience violent victimization compared to cisgender people.⁷ Household Pulse data allowed us to assess disparities in food insecurity among transgender people during the COVID-19 pandemic.⁸ Yet, limitations exist among these data sources that affect the ability to create estimates of the size and demographic characteristics of the transgender population in the U.S. In 2019, NCVS began asking questions to identify transgender people only among victims of violence, which

¹Population-based surveys allow findings to be generalized to the population from which the sample is drawn.

²Centers for Disease Control and Prevention (CDC). BRFSS Questionnaires. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/questionnaires/index.htm>

³National Crime Victimization Survey. (2016). NCVS-1 Basic Screen Questionnaire. (pp. 7-8). Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/ncvs16_bsq.pdf.

⁴Johns, M.M., Lowry, R., Andrzejewski, J., et al. (2019). Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students—19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep*, 68, 67–71. <http://dx.doi.org/10.15585/mmwr.mm6803a3>.

⁵United States Census Bureau. (2021). *Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic*. <https://www.census.gov/programs-surveys/household-pulse-survey.html>.

⁶Statistics Canada. (2022). Canada is the first country to provide census data on transgender and non-binary people. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm?HPA=1>. In their 2021 Census, Statistics Canada found that 0.33% of those age 15 and older were transgender or nonbinary.

⁷A. R. Flores, L. Langton, I. H. Meyer, A. P. Romero. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Sci. Adv.* 6(40). <https://www.science.org/doi/10.1126/sciadv.aba6910>.

⁸Conron, K.J. & O'Neill, K. (2021). *Food Insufficiency Among Transgender Adults During the COVID-19 Pandemic*. The Williams Institute, UCLA, Los Angeles, CA.